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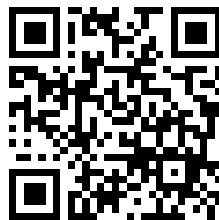
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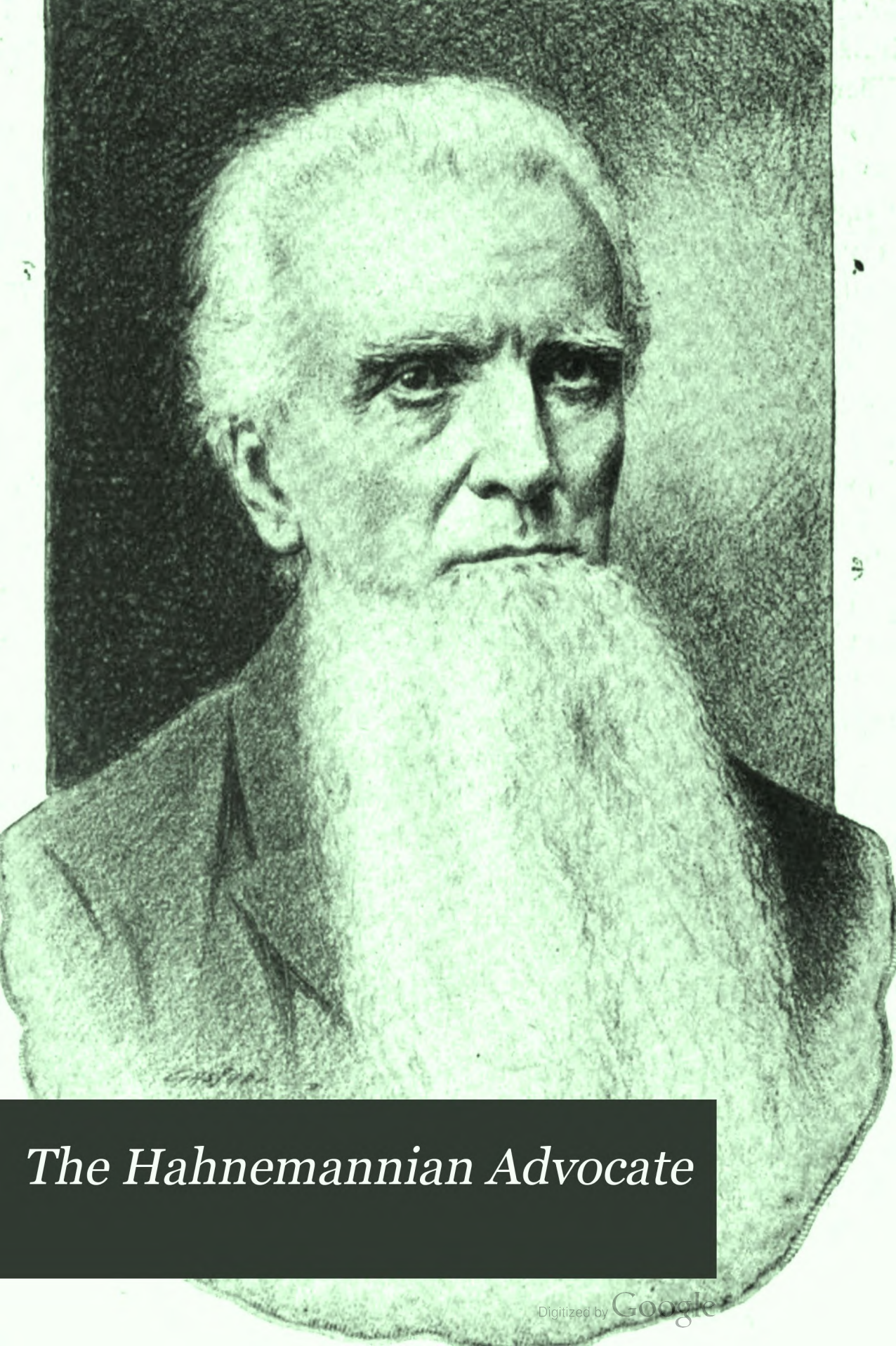
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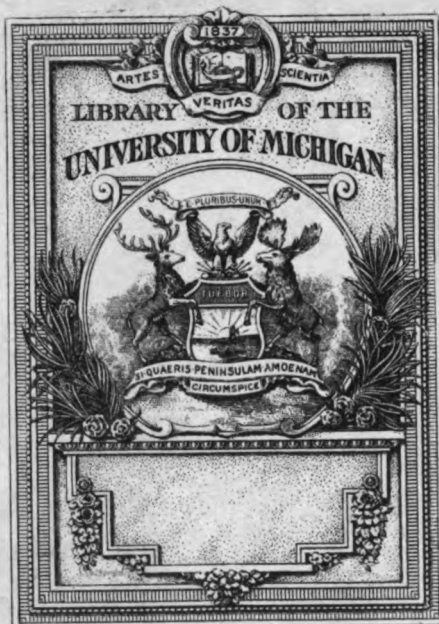
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# *The Hahnemannian Advocate*







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and Allied Sciences.

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H. W. PIERSON, M. D., Editor.

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## Materia Medica.

### COMPARATIVE MATERIA MEDICA.

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In order that we may be able to place a proper estimate upon the multitude of symptoms appearing in the pathogenesis of our Materia Medica, we must establish some standard of measure whereby all symptoms may be compared. This standard may consist of any arbitrary set of rules that the investigator may see fit to devise; but the simpler the plan the easier of comprehension.

There are two ways for determining the nature of a substance. The one is the *putting together* of the component parts and presenting the result as the thing itself. This may be called the *synthetic* method and is the one usually employed by teachers of materia medica. In the hands of a thorough master of his subject this may be made both interesting and profitable but most unsatisfactory results follow its use in the hands of the ordinary student or general practitioner. It is too great a tax upon the memory and perceptive faculties. It does not call into operation the logical, reasoning, questioning faculty of causality, or its faithful comparison. The other method seeks to get at the *cause* by *separating* the mass into its component parts and then build anew upon a

common foundation so that the *relative* value may be determined by comparing one with the other. Some practitioners are content to ask the question, *Who* wrote the book, and then *accept* or *reject* as their inclinations may direct without any further inquiry. Others accept nothing until their *reason* tells them it is good. If we can only arouse the minds of our readers until they will question the *truth* of the conclusions reached and seek for themselves the answer to the question so constantly asked when studying the seemingly *heterogenous* mass of disconnected symptoms recorded in the pathogenesis of every well proven drug, we shall have accomplished all that was designed in these series of articles.

When all of the functions of the body are working in perfect harmony we have no symptoms; we have no consciousness of the existence of heart, lungs or stomach. Any thing or influence that disturbs this *harmonious* action is capable of *producing* or *causing* a *definite* train of symptoms depending in character upon the degree of force employed. If I hit a soft, yielding, *inanimate* object there is *no reaction* and we are capable of measuring the *full* force of the energy



expended by the *effect* produced. On the contrary, if the *same* force is expended upon a *living* object there must be *some* reaction, and we can only determine the *effect* of the blow by *subtracting* from the *sum* total the amount of *resistance* offered by the *opposing* force. This is a simple proposition, but the student of the *materia medica*, as it is now prepared, feels as if he was in a ship without a rudder or a chart, because a great mass of the symptoms present have no string attached whereby one may determine the *conditions under which they were produced*. Remember that a *symptom is evidence of disease* and that *some thing or influence* was back of it. The logical conclusion is to the effect that we must ascertain the *amount* of the *opposing* force before we can accurately measure the real effect of the *disturbing* or drug force. This can be obtained by noting the *amount* of *disturbance* that existed *before* the *new* or drug force was introduced and subtracting this from the sum total. Since this can be secured only by a thorough systematic reproving of all of our remedies we are compelled to study the *grosser* effects in which the *drug* force was so *strong* and the *opposing* force so *slight* that a comparatively accurate picture of the *disturbing effects* may be secured from which to study the *mechanism*, the means through which certain results were obtained.

The body is composed of certain primary elements which have been brought into certain definite relations by reason of the presence of an overruling, all-pervading *vital* force. From the earliest period of existence, the direction of the growth is through the *alimentary* track and this method is employed throughout life. It would seem that the *sympathetic* nervous system was the medium through which the "self-acting (automatic) *vital* force that ani-

mates the material body, rules with unbounded sway and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions so that our indwelling, reason-gifted mind" can freely employ the *cerebro-spinal* system for the higher purposes of our existence.

It is well to keep this distinction constantly before you because it is the key to all the *disease* phenomena that comes under our observation. The *sympathetic* deals with the *involuntary*, while the *cerebro-spinal* is under the control of the *mind*. The *sympathetic*, in its normal state, prepares the digestive organs for the reception of food and directs the process of disintegration until the food has passed through the varied changes necessary before assimilation takes place. In fact it does not cease from its labors until the waste products are eliminated from the body. The *cerebro-spinal* ought to aid this process by keeping up an efficient guard against every form of invasion from without but unfortunately the power which controls its action, in the great majority of cases, is illy prepared for the great responsibilities forced upon it by unwise progenitors. It is just as incapable of governing self as of exercising control over the actions of others. This would lead one to infer that only remedies acting through the *cerebro-spinal* system were indicated in *acute* cases and the exceptions only prove the truth of the rule; but the line must be drawn between acute, self-limited disease, dependent upon errors in diet, the effects of grief, anger, fright, etc., and acute manifestations of chronic, constitutional disturbances due to causes from *without*.

Where there is an *inherited susceptibility* or where the abnormal tissue development is due to a pernicious environment the indications for the

remedies that act through the *sympathetic* nervous system will be clearly defined.

There is another group of symptoms to be disposed of in the pathogenesis of nearly every remedy which will be classed under the general term of *composite*, because they seem to come from the blending of the two. Unless clearly understood they confuse the student and consequently should be set to one side and perform the secondary office of filling out the picture *after the outline has been drawn*. Most of this group is purely irrelevant and has been incorporated in the general picture because the records were compiled in such a manner that no one cared to take the responsibility of "cutting it out." By this method of analysis it ought to be an easy matter to place a proper value upon these symptoms.

We would separate all disease manifestations into two groups, viz., those which act through the *sympathetic* nervous system and those which act through the *cerebro-spinal* nervous system.

**I. Sympathetic:** It is not necessary for us to go into the minute anatomy of these nerves for it is sufficient for our purpose to state that its essential character is *the intimate bond of relationship or sympathy that one organ sustains to all other organs throughout the body* by means of its system of communicating fibers. Another important distinction that seems to be thoroughly established is the fact that all of the *essential* or *vital* functions are dependent upon this system of communication for the proper maintenance of life.

A slight digression at this point may so impress this fact upon the mind that it will never be forgotten. Where the *vital* temperament predominates we find a full, well-developed lower brain or cerebellum with corresponding evidence

that the body is well nourished. He may eat, move and act like a dumb brute and be true to his nature. The *mental* faculties of *amativeness*, *vitativeness* and *alimentiveness* seem to preside over the functions of life and if undisturbed will maintain the *nutritive* activities in perfect condition.

One more peculiarity, to be observed in this analysis, is the *absence of motion and sensation*. To sum up the phenomena that must be attributed to disturbance through the sympathetic nervous system: it must deal almost entirely with all the mal-nutrition of the body that cannot be traced directly to the action of the mind. We therefore find it especially adapted to chronic or sub-acute diseases having a constitutional predisposition.

**II. Cerebro-spinal.** *As is the mind so is the body.* All of the aches and pains, all of the disturbances of motion come through errors in judgment of the mental faculties expressed through the cerebro-spinal nervous system, *except* that which is due to *mechanical* causes.

It is by reason of this fact that so much importance is placed upon the *mental* symptoms, both in the "*provings*" and in the study of the "*case record*," but a word of caution must be sounded at this point for the most fruitful source of error in the whole pathogenesis of the drug may be found in the *mental* rubric. Remember that it is *only* the *peculiar* symptoms that have been added to the *general* symptoms after the action of the drug was made manifest that are of value.

After the remedies have been classified according to their nervous affinities it is of importance that we seek to find the *particular* tissues or organs that seem to be the *centers of attack*.

[The following schema will give a general idea of the method to be employed in the *comparative analysis* that will follow in subsequent issues of the ADVOCATE.—ED.]

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|                    | Cerebral. | Motor | Sens. | Skin. | Mucous mem. | Serous mem. | Fibrous Tissue | Oseous Group | Lymphatics. | Salivary Gl. | Pancreas. | Spleen. | Liver | Kidneys. | Bladder. | Ovaries | Uterus. | Mamm. | Testicles. | Stomach. | Pneumogastric | Intestines. | Lungs. | Heart. | Arteries. | Veins. | Circulation. | Blood. | Temperature. | Vaso-Motor Gr. | Byes. | Kern. | Musc. System |
|--------------------|-----------|-------|-------|-------|-------------|-------------|----------------|--------------|-------------|--------------|-----------|---------|-------|----------|----------|---------|---------|-------|------------|----------|---------------|-------------|--------|--------|-----------|--------|--------------|--------|--------------|----------------|-------|-------|--------------|
| Hypericum.....     |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Ignatia.....       |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Iodine.....        |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Ipecac.....        |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Iris vers.....     |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Jaborandi.....     |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Kali bich.....     |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| " brom.....        |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| " carb.....        |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| " hydr.....        |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Kreosotum.....     |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Lachesis.....      |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Leptandra.....     |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Lilium tig.....    |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Lycopodium.....    |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Magnesia carb..... |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| " mur.....         |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Manganum.....      |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Mercurius.....     |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Mezerium.....      |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Millefolium.....   |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Mœchus.....        |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Natrum mur.....    |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Nux moschata.....  |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| " vomica.....      |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Opium.....         |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Petroleum.....     |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Phosphorus.....    |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Phytolacca.....    |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Plantago.....      |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Platina.....       |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Plumbum.....       |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Podophyllum.....   |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Polyporus off..... |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Psorinum.....      |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |
| Pulsatilla.....    |           |       |       |       |             |             |                |              |             |              |           |         |       |          |          |         |         |       |            |          |               |             |        |        |           |        |              |        |              |                |       |       |              |





## A STUDY OF PETROLEUM WITH REFERENCE TO SOME OBSERVED CHARACTERISTICS.

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Under the proving of Petroleum are marked mental moods, the principal of which are *anxiety, apprehension, low-spiritedness* and *irritability*. Fault-finding and scolding accompanies his vexed, irritated mood. When melancholy, his eyes fill with tears, he feels as if he will soon die and must, in anticipation, hurry the settlement of his affairs. This symptom is a markedly prominent one.

*Dimness of sight*, as of a veil before the eyes, especially when mentally depressed, and as an accompaniment of the *low-spiritedness*.

*Parisis* of the accommodation in a person of 30 who has an emmetropic eye, when quite strong convex glasses must be worn for reading, as in a presbyopic individual of 50. This party had floating black figures in the field of vision, and this with the symptom "Far-sighted, cannot read fine print without glasses," lead to the choice of *Petroleum*; that resulted in a cure.

*Blenorrhæa* of lachrymal sac; the lachrymal fluid is acrid, excoriating the cheeks, making the skin rough, inflamed and scabby, with a dry feeling. Chronic marginal blepharitis, termed madarosis or baldness of the lids, when all the eyelashes fell out. These cases are supposed to be secondary syphilis. A cure was recently effected in a case with a few doses of *Petroleum*<sup>30</sup>, covering a period of several months, with perfect restoration resulting and a crop of strong full lashes appeared. This case had thickening of the margin of the lids; blenorrhoea of the lachrymal sac, with the characteristic dry, glazed, excoriated, rough aspect of the skin.

*Conjunctivitis pustulosa*, with acute inflammation of the lids and lids are

red, inflamed and covered with scabs or scurf; surrounding skin rough and itching.

Dejection of spirits is marked under *Petroleum*; blurriness of vision often accompanies this mood.

Head feels numb as if made of wood; heavy feeling in occiput as if weighty as lead.

Noise is unbearable, especially that from several people talking noisily together. This makes him apprehensive and anxious.

Remedies having an amelioration from bustling, noisy company, etc., are *Arsenicum, Bismuth, Calcareæ carb., Calcareæ ac., Causticum, Conium, Elaps, Lycopodium, Meserium, Sepia*.

All *Petroleum* symptoms are markedly aggravated by *vexation*, even if only slightly disturbed in this way.

Head is sensitive, as of a cold breeze blowing on it.

Scalp is sore to touch, followed by numbness.

With the *tinea capitis* there is much soreness after scratching; thick, greenish crusts form, that exude a thick, pus-like, yellow secretion; more eruption on occipital region than elsewhere.

The mental symptoms are more marked *evenings* and *mornings*. Aggravated on *awakening*, or on *being awakened*, when he is dispirited, irritable and vexed.

Hypochondriac sadness, with homesick feelings, especially mornings. Aggravated mornings, trembling through whole body.

Weak and anxiousness at night; does not know what to do to compose himself.

Aggravated after supper, with nausea and vexation.

Has both hot and cold feelings internally at the same time, with sleeping mood.

During fright or fear, with vexation, *Petroleum* is often indicated.

*Petroleum* has the *extremes* of mental emotions; sadness, alternating with an exuberant, over-excited feeling; he is either ill-humored or vexed, or is uninterested and quiet, not knowing what to do with himself.

Aggravated *before* or *during* a thunder storm, when one gets faint, even when the storm is merely *threatening*, is highly characteristic of *Petroleum*.

*Long-lasting complaints* follow vexation, especially if from fright.

During the *heat*, in malaria, is dejected, depressed, cast-down, anxious.

Vexatious mood comes during the *chill* alone.

Weeps and worries about trifles.

Is very passionate and is disposed to violent anger.

During the frontal headaches every mental emotion causes him to become quite stupid.

A marked aggravation from mental emotions, especially from excitement from anger, is characteristic of *Petroleum*.

Organism of the blood follows mental emotions in general, causing dullness mentally, while the heart and the circulation is disturbed, producing faintness,

heat and pressing on the heart, with palpitation.

Congestion to the head, with delirium or unconsciousness, especially during anger. After anger becomes heated, feels hot, congested out of spirits. With the thin, slimy stool has cutting pain and is vexed and irritable. Both sides of the body are affected by *Petroleum*, but more the right.

Under illusions in typhoid fever, he *thinks another person lies beside him*, or that he is *double*, or that one limb is double. Very characteristic.

Under *Platina* is a feeling as if cut in two.

Under *Nux vomica* he believes himself to be three persons; his pupils are dilated, a very troublesome, distressing feeling.

Under *Baptisia* is a symptom as if his legs were holding a conversation with each other. This latter symptom does not appear as a mental illusion, but is apparently due to the *character of pain* in a rheumatic condition.

Small wounds ulcerate and spread. See also *Borax*, *Nux vomica*, *Graphites*, *Silicea*, *Sulphur*.

Under the proving of *Petroleum* there is an aggravation from riding and also from the motion on ship-board, hence its frequent serviceability in sea-sickness.

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## LYCOPERSICUM—TOMATO—PROVING.

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*Lycopersicum* belongs to the *Solanum* family, from which we derive a great many of our most valuable remedies.

I have made four proving—two with the 3x potency and two with the 30x potency. The original tincture was made from the thoroughly-ripened fruit, taking great pains to thoroughly macerate the seeds as well as the pulp of the fruit.

I have arranged the record of the

provings according to location.

*Mind.*—*Unusually active for short periods, followed by longer periods of dullness.* Hard to apply one's self to work. *Cannot keep thoughts on work he has to do.* Forgetful. Noises greatly annoy him.

*Sensorium.*—Giddiness with inclination to faint upon attempting to walk. Very irritable.

*Inner Head.*—Dull, heavy pain in occiput. Dull pain with occasional sharp shooting pain in temples. Bursting pain in head, especially in vertex, and when coughing. Boring, pressing pain in right occiput. Sensation as if a nail were sticking into right parietal regions. Intense throbbing, bursting headache, beginning in occiput and spreading all over the head, settling with great violence in occipital and temporal regions. Very severe nervous headache all over head, but settling in back of eyes and temples with great force; pupils contracted; complete relief from tobacco smoke. Sore, bruised feeling in whole head after pain had ceased.

*Outer Head.*—Soreness of head to touch, especially the scalp.

*Eyes.*—Eyes feel dull and heavy. Eyelids feel heavy and swollen. Eyes ache and feel sore and lame. Intense aching in eyes and feeling as if the eyeball was being very much contracted. Pupils very minutely contracted. Light painful to eyes. Keeps wiping eyes in order to see clearly. Letters run together when reading. Eyes water on close work. Twitching in inner canthus of left eye.

*Nose.*—Profuse watery coryza excoriating alæ nasi; drops down into throat; of a saltish taste; markedly worse out of doors. Coryza thick, white and tenacious. Intense itching in anterior chamber of nares, greatly aggravated by breathing the least dust; relieved in doors.

*Mouth.*—Itching and tickling in roof of mouth. Foul odor from mouth. Tongue coated thick yellow. Tongue coated teick and white, more in center. Foul taste.

*Throat.*—Slightly sore on swallowing. Constant desire to clear throat. Mucous membrane of pharynx pale; tip of uvula and arches of pharynx red and inflamed. Burning, raw feeling in right side of throat, changing to left side. Left side

of throat slightly sore.

*Thirst.*—Thirst for large quantities of water.

*Hypochondria.*—Uncomfortable fullness in right. Short stitching pain in region of the liver.

*Abdomen.*—Violent eructations of gas with taste of food. Burning sensation in stomach towards evening and during evening. Great flatulency of abdomen.

*Stool.*—Brownish, yellow, frothy, no urging, painless.

*Urinary Organs.*—Constant dribbling of urine when in open air; none at all in warm room. Has to rise at night to urinate. Increase in watery constituents of urine; but not of total solids.

*Voice.*—Hoarseness towards night. Husky voice.

*Cough and Chest.*—Cough deep and harsh. Pain in chest extending to vertex when coughing. Deep cough starting from irritation in lower chest. Hoarseness with constant tickling in pit of throat. Dry, hacking cough coming on at night and keeping him awake after going to bed. Explosive cough. Hoarseness with constant desire to clear throat. Oppression in lower right chest, corresponding to lower right lobe of lung. Sense of oppression in chest. Expecterating early in morning, with more later in the day.

*Heart and Pulse.*—Pulse 100, full and flowing. Fine, sharp stitching pains at base of heart. Lame pain in region of heart.

*Neck and Back.*—Intense aching through whole back, but especially in lumbar regions. Intense aching through back and limbs even after headache had stopped. Cannot get into a comfortable position. Heavy, dragging pain in right shoulder blade. Dull pain in lumbar region. Rheumatic pain near attachment of trapezius muscle to spine.

*Extremities in General.*—Intense aching pains in muscles of all the limbs.

Lame, tired feeling in all the limbs, with feeling of great exhaustion. Rheumatic pains in all the muscles of the right upper and lower extremities.

*Superior Extremities.*—Sharp pain in right deltoid and pectoralis muscles, especially when lifting arm upward and outward. Rheumatic pain in right deltoid and pectoralis muscles. Dragging pain in right deltoid. Gnawing pain deep in middle of right arm on motion. Twinges in right elbow joint. Sensation of numbness and weight as if the arm were asleep. Rheumatic pain in right elbow joint. Tingling sensation along the course of right ulnar nerve and its ramifications. **Benumbing aching pain through right hand and wrist, with occasional stitches through ball of right thumb.** Lameness of left wrist, hand and fingers, where it is painful even when not moving. Sharp, cutting pain extending through wrist and palm of left hand when pressing hand firmly against anything.

*Inferior Extremities.*—Sharp, sticking pain along the course of the right crural nerve. *Rheumatic pain along the course of crural nerves.* Rheumatic pain in right knee on motion. Dull, aching pains along the border of right fibula to os calcis, where it is more severe. Dull, aching pains deep in right leg as if it were in the bones, aggravated by continued motion. Cramps in calf of right

leg when raising foot from floor. Right calf seems lame and sore. Rheumatic pains in left ankle. Intense aching pains in lower limbs.

*Sleep.*—Very restless sleep. Confused, disagreeable dreams.

*Fever.*—Perspiration on awakening, confined to a strip about four inches wide the whole length of back. Chilliness towards night, preceded by thirst for large quantities of water. Chilliness with sweat. Temperature, 100.5 to 101 degrees.

*Locality and Direction.*—Affects the right side principally, but shifts to left side, not becoming so violent there.

*Aggravation.*—In open air. Upon motion, especially if continued. *Noises greatly annoy him, greatly aggravated the headache.*

*Amelioration.*—In warm room. From external heat.

The provings of the 3x potency produced the *rheumatic* and *congestive* symptoms much more marked than the 30x potency, while the 30x produced many of the *nervous* symptoms.

The rheumatic symptoms were the *first to develop* in all the provings and the *first to disappear*. The *congestive* period and its symptoms followed immediately; then the nervous symptoms were manifest. The *cough* was the most persistent symptom of the 3x provings, lasting for nearly a month after each proving.

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## THERAPEUTICS AS A SCIENCE.

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### GROWTH OF HOMŒOPATHY IN HAHNEMANN'S MIND.

We have seen that by the time (1805) Hahnemann published the *Medicine of Experience*, he had become so convinced of the curative action in disease of medicines which can produce in health

symptoms similar to those of the disease, that he thought he would be able to establish the truth of this law better and to the satisfaction of all, if he could show that the facts of cure by similarly-acting medicines have their analogy in the fact that similar diseases, when in-

vading the organism simultaneously or in succession, extinguish each other.

What, in the *Essay on a New Principle*, is a mild, we might almost say a timid hint, becomes in the *Medicine of Experience* a bold sweeping assertion. In the *Essay* Hahnemann wrote: "We should imitate Nature, which *sometimes* cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure, that medicine which is able to produce another very simple artificial disease, and the former will be cured; *similia similibus*." It will be observed that while he says that Nature *sometimes* cures a chronic disease by superadding another, he does not say whether this "another" is a *similar* or a *dissimilar* disease. He should have been precise and positive as to what he means and not left us to infer that the "another" disease must be a similar one, from what he immediately says as to the medicine to be selected for the cure of a disease being such as "is able to produce a similar artificial disease."

In the *Medicine of Experience*, this vagueness disappears, and Nature's method of cure of one disease by another similar is elevated into a maxim, as we have already seen, viz., "when two abnormal general irritations (of two different diseases) act simultaneously on the body, *if the two be similar*, then the one (the weaker) irritation together with its effects, will be completely extinguished and *annihilated* by the analogous power of the other (the stronger)." And it is from this that the rule of selecting curative drugs is deduced or inferred as a corollary.

In neither the *Essay on a New Principle* nor in the *Medicine of Experience*, does Hahnemann use the term "law" in reference to the cure of diseases by similarly-acting drugs or by similar diseases. In the former (the *Essay*) when

speaking of the cure by drugs he uses the terms "maxim" and "axiom" indifferently; thus, after giving the rule for selecting a drug for curative purposes, that is, a drug which can produce an artificial disease similar to the natural disease, he says: "This *axiom* has, I confess, so much the appearance of a barren, analytical, general formula, that I must hasten to illustrate it synthetically." And then after making some observations on the primary and secondary actions of medicine, etc., he goes on: "After these preliminary observations, I now proceed to illustrate by examples my *maxim*, that in order to discover the true remedial powers of a medicine for chronic diseases, we must look to the specific artificial disease it can develop in the human body, and employ it in a very similar morbid condition of the organism which it is wished to remove." And he continues: "The analogous *maxim*, that in order to cure radically certain chronic diseases, we must search for medicines that can excite a similar disease (the more similar the better) in the human body—will hereby also become evident." Here the term "maxim" is used in the sense of a formula embodying a rule of conduct, and not in the sense of an axiom or an established principle, as ordinary used.

In the *Medicine of Experience*, our master has used the term maxim in the sense of an axiom, principle or law. Thus he speaks of the facts of two morbid irritations existing in the body either suspending and suppressing, or extinguishing and annihilating each other, according as they are dissimilar or similar, as "maxims of experience." He calls the treatment of diseases by similarly acting medicines as the positive or curative method of treatment as it only is "conformable to nature," whereas the treatment by oppositely acting medicines or rather by medicines,



whose primary symptoms are opposite to those of the disease, as the negative or palliative method of treatment.

It was not till three years after, in 1808, in his letter to Hufeland, on the *Necessity of a Regeneration of Medicine*, that he used the term *law* in reference to the curative actions of medicines. He tells his old and dearest friend, the Nestor of medicine in Germany, that after years of research he has discovered the health-bringing way, and that is expressed by the following: "*Take the medicines according to the symptoms, careful and repeated observation has shown they produce in the healthy body, and administer them in every case of disease that presents a group of symptoms comprised in the array of symptoms the medicine to be employed is capable of producing on the healthy body; thus you will cure the disease surely and easily. Or, in other words, find out which medicine contains most perfectly among the symptoms usually produced by it in the healthy body the sum of the symptoms of the disease before you, and this medicine will effect a certain, permanent and easy cure.*" And he immediately says: "*This law, dictated to me by nature herself, I have now followed for many years, without ever having had occasion to have recourse to any one of the ordinary methods of medical practice.....I practised solely in accordance with the above law of nature; and in no single instance did I deviate from it.*"

This mode of action of similarly-acting medicines, Hahnemann continues to speak of as *law of nature* in the first edition of the *Organon*, published in 1810, as will be seen from the 20th aphorism which runs thus: "*This eternal universal law of nature that every disease is annihilated and cured by an artificial disease similar to it which the appropriate remedy has a tendency to*

produc, depends on the *maxim*: That only one disease can exist in the body, hence one disease must absolutely yield to another." Here again we find him using two terms, "*law*" and "*maxim*," as having the same signification, for here "*maxim*" must mean an established principle or law of nature, and cannot mean a formula or a rule of practice.

What is called in the first edition "*this universal law of nature*," and in the second edition of vol. iii of the *Materia Medica Pura*, published in 1825, "*the Homœopathic law*," is simply somewhat differently stated without any designation in the last (5th) edition (§ 25) of the *Organon* as follows: "*Now, in all careful trials, pure experience, the sole and infallible oracle of the healing art, teaches us that actually that medicine which, in its action on the healthy human body, has demonstrated its power of producing the greatest number of symptoms similar to those in the case of disease under treatment, does also, in doses of suitable potency and attenuation, rapidly, radically and permanently remove the totality of the symptoms of this morbid state, that is to say, the whole disease present, and change it into health; and that all medicines cure, without exception, those diseases whose symptoms most nearly resemble their own, and leave none of them uncured.*" And, instead of giving this, according to him, universal fact, any name, he says in the following (26th) section or aphorism: "*This depends on the following Homœopathic law of Nature which was sometimes, indeed, vaguely surmised but not hitherto fully recognised, and to which is due every real cure that has ever taken: A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst offering in kind) is very similar to the former in its manifestations.*"

Strange confusion again of the terms "law" and "maxim." What is at one time a maxim is a law at another, and vice versa. It would seem as if Hahnemann did not know his own mind. Or, perhaps, as we suspect, he was anxious to show that the law of drug action in the cure of disease was only part of a higher law which comprehends the mode of cure of natural diseases by drugs as well as the mode of cure of one natural disease by another. This was unfortunate for Homœopathy, as it constrained him to build hypotheses on the slenderest bases which were little better than assumptions.

What is called the Homœopathic law of nature in the last edition of the *Organon* is the same as the second maxim of experience in the *Medicine of Experience*. It is based upon the fact, but occasionally observed, of small-pox extinguishing cow-pox, of measles a kind of herpetic eruption. Hence we cannot but look upon this as a mere unnecessary hypothesis elevated into a universal law of nature on the narrowest foundation imaginable. The fact that Hahnemann admitted that there were but very few "helpful Homœopathic diseases," scarcely more than three, and the fact that he omitted in the 5th edition of the *Organon* the numerous examples of natural Homœopathic cures that he had given in the previous editions, show that he himself was not satisfied with the security of the foundation he thought there was in nature of his "Homœopathic law of nature."

We have called this so-called Homœopathic law of nature as an unnecessary hypothesis, because the law of the curative action of similarly-acting drugs rests, as Hahnemann repeatedly says, upon "pure experience, the solid and infallible oracle of the healing art."

This hypothesis has led Hahnemann to invent others the validity of which

may well be questioned. One of these is that as it is only a *stronger* dynamic affection that can extinguish a similar but weaker affection, therefore "there is no medicinal substance which, when employed in a curative manner, is weaker than the disease for which it is adapted—no morbid irritation for which the medicinal irritation of a positive and extremely analogous nature is not more than a match." (*Medicine of Experience*). This is expressed much more strongly in the *Organon*: "The human body appears to admit of being much more powerfully affected in its health by medicines (partly because we have the regulation of the dose in our power) than by natural morbid stimuli—for natural diseases are cured and overcome by suitable medicines" (§ 30, 5th edition). Again: "that the morbid noxious agents possess a power of morbidly deranging man's health that is subordinate and conditional, often very conditional; whilst medicinal agents have an absolute unconditional power, *greatly superior* to the former" (§ 33). This reaches its climax in §279 where he says: "the dose of the Homœopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease."

Another hypothesis is that though the action of the artificial morbid forces, that is, of medicines, is stronger than that of the natural morbid forces by which diseases are produced, the duration of that action is shorter.

The reason of both the apparently greater intensity and the shorter duration of the action of medicines as health-disturbers Hahnemann had himself surmised, and is no other than the dose which, according to its size may be made to act strongly or feebly, and, according to its repetition, may be made to act for a longer or a shorter duration. Altogether we think this distinction between

natural and artificial morbid forces is not justified by fact. On the contrary, the great truth discovered by Hahnemann that medicinal substances, even in quantities incredibly minute, develop in the healthy body veritable diseases or disease symptoms, should incline us to believe that probably in a very large majority of cases the causes of disease are no other than material substances diffused in a more or less attenuated form either in the atmosphere, the soil, or the water. On this view, Homœopathy has a practical importance which was not even dreamed by its founder.

We have dwelt at some length on these speculations and hypotheses of Hahnemann in order to show that he, who inveighed so much and so justly against the empty speculations and barren hypotheses of his predecessors, was not free from them himself. In his case they were absolutely unnecessary in as much as the law of healing by drugs that he discovered rested upon the solid ground of positive facts observed at the bedside and had no need of the questionable foundation on which he was so anxious to rest it. It would have been infinitely better for Homœopathy if he had cited cases of actual cure instead of manufacturing aphorisms out of dogmatic assertions.

To return to the growth of Homœopathy in Hahnemann's mind. We think we may say with truth that the truly scientific enunciation of the Homœopathic law was made in the *Medicine of Experience*, when he declared: "After we have accurately examined the disease to be cured, that is to say, noted down all its appreciable phenomena *historically and in the order in which they occur*, marking particularly the more severe and troublesome chief symptoms, we have only to oppose to this disease another disease as like it as possible, or in other words, a medi-

cinal irritation analogous to the existing irritation of the disease, by the employment of a medicine which possesses the power of exciting as nearly as possible all these symptoms, or at all events, the greater number and severest, or most peculiar of them, and *in the same order*,—in order to cure the disease we wish to remove, certainly, quickly and permanently."

In the *Organon* he had to modify this somewhat, and though the modification is more convenient and practical, it is doubtful if it is not a departure from strictly pure Homœopathy. This modification is with reference to the historical or chronological order of development of symptoms of the natural as well as of the drug disease. In the directions for the examination of the patient for tracing the picture of the disease, and for the employment of the suitable remedy against it no injunction is given to note the order of development of the symptoms of the disease or of the remedy.

It is true that in giving directions for the proving of medicines he speaks of this development of symptoms as in § 130, where he says: "If, at the very commencement, the first dose administered shall have been sufficiently strong, this advantage is gained that the experimenter learns the *order of succession* of the symptoms and can note down accurately the period at which each occurs, which is very useful in leading to a knowledge of the genius of the medicine, for then the order of the primary actions as also that of the alternating actions is observed in the most unambiguous manner." But it is not always that the very first dose of medicine produces symptoms. He therefore very properly observed in the next section (131) that—"If, however, in order to ascertain anything at all, the same medicine must be given to the same

person to test for several successive days in ever-increasing doses, we thereby learn, no doubt, the various morbid states this medicine is capable of producing in a general manner, but *we do not ascertain their order of succession*; and the subsequent dose often removes, curatively, some one or other of the symptoms caused by the previous dose, or develops in its stead an opposite state; such symptoms should be enclosed in brackets to mark their ambiguity, until subsequent purer experiments show whether they are the reaction of the organism and secondary action or an altering action of this medicine."

Another difficulty in observing the sequential order of symptoms of a medicine is that it may not have the same order in all provers, and this was noticed by Hahnemann in § 134: "All the symptoms peculiar to a medicine do not appear in one person nor all at once, nor in the same experiment, but some occur in one person chiefly at one time, others again during a second or third trial; in another person some other symptoms appear, but in such a manner that probably some of the phenomena are observed in the fourth, eighth or tenth person which had already appeared in the second, sixth or ninth person, and so forth; moreover they may not recur at the same hour."

This difficulty was noticed so early as 1805 when the *Fragmenta* was published, in the preface to which we find him remarking: "On the healthy body, simple (that is uncompounded) medicaments produce effects proper to themselves, each (its own), yet not at the same time or in one and fixed order of succession, or all in each individual, but perhaps these today, those to-morrow, this first in Caius that third in Titius, yet so that to Titius may happen at sometime what Daius felt yesterday." Notwithstanding this he did not hesitate, in the *Medicine*

of *Experience* published in the same year almost immediately after, to insist upon the similarity being based upon the order of development of symptoms.

With his extended experience in drug proving he found it impossible to note this order in the large majority of drugs. Hence his modification of his former teaching, and his being satisfied with similarity based upon the totality of symptoms without any reference to their order, as expressed in § 147: "Whichever of these medicines that have been investigated as to their power of altering man's health we find to contain in the symptoms observed from its use *the greatest similarity to the totality of the symptoms* of a given natural disease, this medicine will and must be the most suitable, the most certain *Homœopathic remedy* for the disease; in it is found the specific remedy of this case of disease," because, as he says in the following section, it "affects those very parts and points in the organism now suffering from the natural disease."

The two cases that he published in the first edition of the *Reine Arzneimittelehre* (*Materia Medica Pura*), in 1817, as illustrative of Homœopathic practice, show that he had abandoned the similarity based on the order of development of symptoms, not long after the publication of the *Medicine of Experience*.

This then represents the final development of Homœopathy in Hahnemann's mind. His theory of Chronic Diseases, which at first sight seems to be a deviation from the Homœopathic law thus enunciated by him, is in reality not so. It is, properly understood, but a further and more profound development of that law. However this may be, the individualization of cases of chronic disease is as strictly enjoined by him as individualization of cases of acute idiopathic disease. Thus in § 82 he says: "Although by the discovery of that great

source of chronic diseases, as also by the discovery of the specific Homœopathic remedies for the psora, medicine has advanced some steps nearer to a knowledge of the nature of the majority of diseases it has to cure, the duty of a careful apprehension of its ascertainable symptoms and characteristics is as indispensable for the Homœopathic physician as it was before that discovery, as no real cure of this or of other diseases can take place without a strict particular treatment (individualization) of each case of disease."

In the selection of antipsoric medicines, individualization is as much enjoined as in the examination of cases of chronic disease. Antipsoric remedies are not to be prescribed at random because they are labeled as such. Their symptoms must agree with the symptoms of the disease in their totality in order that they may be really Homœopathic and therefore curative. Hahnemann says this distinctly in his note to the preface to *Alumina (Chronic Diseases)*: "I am sorry to say the significance of the use of medicines as given in the preface to most of the remedies, and which have been unreliably reported has been now and then misunderstood, having been regarded as determining the choice of remedies in the treatment of diseases (as *indications*); this they cannot and should not be: they are not names of diseases healed, but only of separate symptoms which, in treating a disease with the specified medicine, were either diminished or removed—*absum.* To use them otherwise is a deceptive procedure which we leave now as before to our allopathic step brothers. They are, on the contrary, only to serve to furnish occasionally a little confirmation of the correct choice of the Homœopathic remedy, *already found out from their pure peculiar medicinal effects, as indicated according to the simi-*

*larity of symptoms of disease of the special case under consideration."*

As regards antipsoric medicines he says: "Only those remedies have been acknowledged as antipsoric whose pure effects on the human health gave a clear indication of their Homœopathic use in diseases manifestly psoric, confessedly due to infection; so that with an enlargement of our knowledge of their proper, pure medicinal effects, in time it may be found necessary to include some of our other medicines among the antipsoric remedies."

As regards correspondence of disease and drug Hahnemann was fully aware that this could not be absolute or mathematically exact, as will be evident from what he said in the *Medicine of Experience*: "There is no positive remedy, be it ever so well selected, which shall not produce one, at least one slight, unusual suffering, a slight new symptom during its employment, in very irritable, sensitive patients—for it is almost impossible that medicine and disease should correspond as accurately in their symptoms as two triangles of equal angles and sides resemble one another." He constitutes this, very nearly in the same words, an aphorism (156) of the *Organon* (5th edition).

As in the *Medicine of Experience* so in the *Organon* he lays particular stress upon peculiar characteristic symptoms: Thus in § 153 of the *Organon*: "In this search for a Homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is *more particularly these that very similar ones in the list of*

*symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure." He shows his profound knowledge of diseases and drugs when he says: "The more general and undefined symptoms—loss of appetite, headache, debility,

restless sleep, discomfort, and so forth, demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, *as symptoms of such a general nature* are observed in almost every disease and from almost every drug."

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## Medicine.

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### \*A CENTURY OF HOMŒOPATHY.

R. E. DUDGEON, M. D., LONDON, ENG.

#### Hahnemann's First Experiments.

It was in 1790 that Hahnemann made his first experiment with cinchona bark, which led him to think that probably other medicines, if not all, cured diseases by the power they possessed of producing on the healthy, morbid states similar to those observed in the diseases they could cure. After careful research in the medical records, of all times, for six years, he wrote an essay in *Hufeland's Journal* in 1796 in which he asserted that many diseases, especially chronic ones, were cured by medicines which caused similar morbid states on the healthy. He then set himself the tremendous task of proving on himself and some members of his own family a considerable number of drugs.

#### Hahnemann's Writings.

The result of these trials and the effects of the same medicines recorded in medical writings he collected and arranged in a volume written in Latin which was published in 1805. It was not till this volume appeared that the practice of Homœopathy became possible, and then only on a very limited scale, for the medicines tested were few in number and their observed effects were scanty. He was conscious of the imperfect character of his work,

to which he modestly gave the name of *Fragmenta*. After this he continued to test other medicines and to re-test those he had already partially proved, in which labor he was assisted by a few friends who were attracted by the novel doctrine. In 1809 there appeared in *Hufeland's Journal* a tolerably complete account of his system in an essay entitled: "The Medicine of Experience." In 1810 he published the first edition of the *Organon*, in which his views were given in greater detail, and supported by much powerful reasoning. The following year the first volume of his *Materia Medica Pura* appeared, containing the records of provings by himself and friends of a considerable number of medicines. The second and third volumes of this colossal work did not see the light till 1816; the fourth volume was published in 1818, the fifth in 1819 and the sixth and last in 1821.

Although Hahnemann and his disciples had been practicing his method for several years with great success, it was not until the completion of the *Materia Medica Pura* that Homœopathy could obtain any considerable number of practitioners. Still, even long before this period the fame of his new system had attracted round him a considerable

\* Monthly Homœopathic Review.



number of devoted disciples who aided him in his provings of medicines and enrolled themselves as his pupils, for in 1812 he had obtained the license to teach in Leipzig. His success as a teacher and practitioner excited the bitter animosity of the medical faculty of Leipzig, who eventually succeeded in driving him from that city in 1821. He removed to Coethen, to which town he was invited by the reigning Duke of Anhalt-Coethen, a firm believer in the truth of Homœopathy. It is satisfactory to think that in 1851 a bronze statue to Hahnemann was erected in the city whence thirty years previously he had been ignominiously expelled.

#### **Hahnemann's Followers.**

In 1821, Stapf, one of Hahnemann's earliest disciples and dearest friends, established the first periodical devoted to the spread and promotion of Homœopathy—the *Archiv für Heilkunde*. Papers were contributed to it by many talented practitioners who were converts to the new doctrine. Hahnemann was greatly pleased that his method had now a periodical organ, though he contributed very few articles to it. But he continued to write articles on various subjects in separate pamphlets and in popular periodicals, and to bring out new editions of his *Materia Medica* and *Organon*. And in 1828 he published the first three parts of a great work on *Chronic Diseases*, the fourth and fifth parts of which appeared in 1830.

In 1830 Rummel commenced a weekly periodical, the *Allgemeine Homœopathische Zeitung*, which under various editors has continued to be regularly published, and has contributed greatly to the spread of a knowledge of Homœopathy in Germany.

#### **First Homœopathic Society.**

The first great society of Homœopathic practitioners was founded by Hahn-

emann in 1829. It is called *The Central Society of German Homœopathists*, and is still a flourishing institution. It was through the instrumentality of this society, assisted by subscriptions of Homœopathic adherents from many different countries, that the bronze statue of Hahnemann was erected in Leipzig in 1851.

#### **Treatment of Cholera.**

When the cholera invaded Europe in 1831 and threatened to extend its ravages to Germany, Hahnemann, from his retreat in Coethen, wrote a pamphlet pointing out the medicines suitable for its treatment, though he had never seen a case of the disease. When the cholera arrived in Germany his disciples treated it in the manner proposed by Hahnemann, and with a success that immeasurably surpassed the results obtained by practitioners of the ordinary methods.

#### **Chronic Diseases.**

Hahnemann's work on *Chronic Diseases, their Peculiar Nature and Homœopathic Treatment*, was published in 1828-30. His novel theory of the derivation of all chronic diseases from psora, syphilis and sycosis did not obtain the assent of all his disciples. In his previous writings he had frequently denounced the tendency of medical authors to form pathological theories which he held to be disastrous to therapeutics, and here he appeared in the character of a pronounced pathological theorist. This new departure gave rise to much controversial writing in the bosom of the Homœopathic school, which was not on the whole favorable to the spread of Homœopathy.

#### **Opposition to Homœopathy.**

The opposition to Homœopathy in Germany on the part of the adherents of traditional medicine commenced at a very early period. Hahnemann's denunciation of the ordinary methods of

treatment excited the anger of the old school, which was not confined to controversial writing but which resorted to more objectional methods. The privileges of the apothecaries enabled the opponents of Homœopathy to institute prosecution against Homœopaths for dispensing their own medicines, and they were often prohibited from practicing their method, and even condemned to fines and imprisonment when patients died under their treatment, on the ground that they had failed to employ the ordinary methods of treatment. Scurrilous and calumnious articles appeared in the medical and other journals; and pamphlets and even books were published containing false and malicious accusations against Hahnemann and his adherents. Still, in spite of all opposition the number of the medical adherents continued steadily to increase, and at the present time there is hardly a small town in Germany which has not its representative of Homœopathy, many of whom enjoy the confidence of a large proportion of the population. A periodical edited by Griesselich, the *Hygea*, did much to extend the knowledge of Homœopathy. It was commenced in 1832 and was continued till 1849, and only ceased with the death of its founder and editor in that year. The *Allgemeine Homœopathische Zeitung* has already run a course of upwards of seventy years and still flourishes. An excellent monthly periodical is published by the Berlin Homœopathic Society, and another monthly, edited by Dr. Villers, of Dresden, has now completed its ninth year. Besides these, several popular Homœopathic periodicals are regularly published. There are Homœopathic hospitals in Leipzig and Stuttgart, and dispensaries are numerous. Many important works on Homœopathy have appeared in Germany.

Homœopathy was introduced into

Austria in 1819 and rapidly gained many adherents, but the partisans of traditional medicine procured its prohibition in the same year, notwithstanding which and the legal prosecutions its practitioners were subjected to, it continued to make many converts not only among the medical profession, but also among all classes of the community. When the cholera invaded Austria in 1836, the success obtained in its treatment in the Hospital of the Sisters of Charity in Vienna under the care of Dr. Fleischmann led to the repeal of the law against its practice. After this a great impetus was given to the spread of the new system by the foundation of a society of Homœopathic physicians which undertook the proving of many new, and the re-proving of many old medicines, the results of which were published in a periodical. After a few years this periodical ceased to exist, and the literary zeal of the Austrian practitioners declined, though their numbers continued to increase in all the Austrian States. They are probably now too much occupied with their professional duties to continue the work for which they were formerly so distinguished. There are three Homœopathic hospitals in Vienna and several others in other parts of the Empire, but the contributions of Austrian Homœopaths to the literature of Homœopathy have lately been conspicuous by their absence. In Hungary there is a chair of Homœopathy in the University of Pesth.

#### **Growth of Homœopathy in Europe.**

Homœopathy has spread over most of the European countries. Italy, Switzerland, Spain, Portugal, Belgium and Holland are all well provided with Homœopathic practitioners, and monthly periodicals, scientific or popular, are regularly published in all these countries. Denmark has a few medical representatives of Homœopathy. Swe-

den, the China of Europe, has never had more than one Homœopathic practitioner. Homœopathic medicines are not allowed to be imported in the country, but are seized and destroyed at the Custom Houses. Russia has long had a fair number of Homœopathic practitioners, some of whom have been appointed by the Government to the charge of hospitals. The late Dr. Bojanus, of Samara, was well known as the author of several excellent works on Homœopathy, and Drs. Brasol and Dittmann, of St. Petersburg, have done much to spread a knowledge of Homœopathy among their countrymen.

France has a large number of Homœopathic practitioners. The presence of Hahnemann in Paris, where he resided and practiced from 1835 till his death in 1843 gave a great impetus to the spread of Homœopathy in France. There are in Paris two excellently managed though small Homœopathic hospitals, two Homœopathic societies, each having a considerable number of members, and two monthly periodicals very ably conducted. Some well-attended International Homœopathic Congresses have been held in Paris, those of 1889 and 1900, held during the great exhibitions of those years, attracted Homœopathic practitioners from many countries. The French Homœopathists have not been much harassed by the persecutions of their allopathic colleagues beyond exclusion and expulsion from medical societies and the ordinary journalistic misrepresentations which have been the lot of Hahnemann's disciples in all countries. Three of the most illustrious champions of the old school—Andral, Trousseau and Broussais—have even given a qualified assent to the Homœopathic principle. A handsome monument with the original bronze bust by David d'Anger over Hahnemann's grave in the cemetery of Pere la Chaise was

unveiled during the International Congress of 1900.

#### **Homœopathy in British Empire.**

Homœopathy was first noticed in Britain in a laudatory account of Hahnemann and Homœopathy in the *Edinburgh Review* by Sir Daniel Sanford, Professor of Greek in Glasgow University in 1830. Dr. Quin, who was the first to introduce Homœopathy into England, settled down to practice in London in 1827, where he practiced with remarkable success until his death in 1878. He was the founder of the British Homœopathic Society in 1844, and contributed mainly to the establishment of the London Homœopathic Hospital in 1850. Its first seat was in Golden Square, whence it was removed in 1859 to its present seat in Great Ormond street. This building having been found inadequate to the modern requirements of medical and surgical practice, was pulled down and the present magnificent building was built on its site, and opened for the reception of patients in 1895. Courses of post graduate lectures are given by members of the staff and are pretty well attended. A periodical, the *London Homœopathic Hospital Reports*, is regularly published.

The first Homœopathic hospital in London was a small building in Hanover Square, under the charge of Dr. Curie, and chiefly supported by the munificence of Mr. William Leaf. It had but few beds for the reception of patients, and was rather a dispensary than a hospital; it was opened in the thirties and carried on for ten or twelve years.

Another Homœopathic hospital, the Hahnemann Hospital, was opened in 1850, but it only lasted four years. Lectures on materia medica and on the theory and practice of Homœopathy were delivered by the medical officers. It contained forty-five beds.

There are other hospitals in Britain

The most important is the Hahnemann Hospital in Liverpool, a very handsome and commodious building with fifty beds, built at the sole cost of the late Sir Henry Tate. In Birmingham there is a hospital with thirty beds; in St. Bernards a cottage hospital with sixteen beds; a small hospital in Eastbourne, one in Plymouth and one in Bromley. There are Homoeopathic convalescent homes in Hastings, Bournemouth and Slough. There was formerly a Homoeopathic hospital in Doncaster with twenty-two beds, established by the late Dr. Dunn. It existed from 1853 till 1876, when Dr. Dunn left Doncaster and the hospital was sold. A hospital with twenty-five beds was opened in Manchester in 1850, but from lack of subscriptions was forced to close its doors after a useful career of several years.

The first Homoeopathic periodical published in Britain was the *British Journal of Homæopathy*, which commenced its career as a quarterly in 1843, and continued under various editors till 1883. Its first editors were Drs. Drysdale, Russell and Black. At the present time there is one quarterly, the *Journal of the British Homæopathic Society*, and two monthlies, the *Monthly Homæopathic Review* and the *Homæopathic World*. Other periodicals have appeared at various times, but have now ceased to be published. Many important works on Homoeopathy have appeared in Britain, some of which are highly esteemed all over the world.

Homoeopathy has undergone much persecution in Britain. Most of the colleges and some medical societies have passed resolutions against the practice of Homoeopathy by their licentiates and graduates. Coroners' inquests have been held against practitioners of Homoeopathy, and in some instances verdicts of manslaughter have been recorded

against them, which were, however, quashed by superior courts. Candidates for degrees and diplomas have been rejected by examining bodies on their refusal to promise not to enquire into or practice Homoeopathy. These have now been put a stop to by a clause introduced into the Medical Act of 1858. Homoeopathic practitioners have been expelled from hospitals, and others have had their diplomas taken from them by the College of Surgeons of England. Some have been deprived of their public appointments, and the chief medical periodicals of the old school have denounced and calumniated the practitioners of Homoeopathy. But in spite of the hostility of their medical brethren, the general public have not shared the prejudices of the profession, and most Homoeopathic practitioners enjoy large practices, and three important towns, Doncaster, Hastings and Leicester, have elected Homoeopathic practitioners to the dignity of mayors.

Notwithstanding all opposition Homoeopathy has steadily advanced in public esteem and has obtained many notable converts from the dominant school. Chief among these is the late Dr. Henderson, professor of pathology in the University of Edinburgh. Though he was forced to give up his appointment at the Royal Infirmary, his enemies could not depose him from his professorship, which he continued to hold till his death.

The British Colonies of Canada, Australia, Tasmania, New Zealand and South Africa possess a fair proportion of Homoeopathic practitioners. India has also numerous representatives of Hahnemann's system, a large number of whom are natives. Two English and one native monthly periodicals are regularly published in Calcutta.

**Homœopathy in America.**

If Homœopathy has had a steady success in the Old World, it has advanced by leaps and bounds in the new. Homœopathy was introduced into the United States in 1825 by Dr. Gram, a Danish physician, and since that time it has spread with the rapidity of an epidemic through all the states. Its legally qualified practitioners amount to upwards of 14,000. It has numerous colleges and one university, which turn out about 400 graduates, male and female, annually. It has upwards of fifty hospitals, one of which, supported by state funds, has upwards of 600 beds. It has several state lunatic asylums, a still larger number of dispensaries, and many societies, one of which, the American Institute of Homœopathy, has upwards of 1,600 members. This institute has a large congress every year, and has had several international congresses. There are about thirty periodicals, monthly and quarterly, and annual transactions of societies and hospital reports, and last year the American adherents of Homœopathy erected a magnificent monument to Hahnemann in the city of Washington. Numerous works on the theory and practice of Homœopathy have been published. With such an immense following, Homœopaths in the United States have suffered little from persecution, as they are able to hold their own against their opponents of the old school.

All the other states of North and South America have numerous practitioners of Hahnemann's school. Mexico, La Plata, Monte Video, Colombia, Chili and Peru are well represented by Homœopathic practitioners, and monthly periodicals are published in most of them.

**Superiority of Homœopathy.**

The system of Hahnemann which, at the beginning of the century just termi-

nated, had only one representative of Homœopathy, namely Hahnemann himself, has now adherents all over the world and continues with unabated vigor to increase its numbers and to prove its superiority over all other medical systems by the pre-eminent success of its treatment of all curable diseases. But its triumph in the domain of medicine is not confined to the enormous number of legally qualified practitioners it has enlisted. It has effected the most radical changes in the practice of the old school. The methods of treating disease which had been pursued with unquestioned faith for thousands of years, and which were in full sway far into the first half of the 19th century, have been utterly discredited and in great part abandoned since Homœopathy showed them to be unnecessary and hurtful. Bleeding, blistering, cauteries, mercurialization and excessive purgation have almost disappeared from general medical practice, not without the most energetic protests from those who had hitherto believed and asserted that these heroic practices were indispensable for the cure of diseases. The leaders of traditional medicine would never have abandoned their time-honored violent and painful practices had it not been that patients seeing how Homœopaths cured diseases by their mild and gentle method, refused any longer to submit to the disagreeable remedies of their allopathic medical attendants, and threatened to leave them and go over to their rivals of the new school. So as the old-school doctors saw that they must either abandon their traditional methods or lose their patients, they made a virtue of necessity and, without admitting the superiority of Homœopathy, or allowing an imputation on their own infallibility, they announced to an amused world that diseases had suddenly changed their type and now, instead of

requiring violent and heroic remedies, they needed the gentlest and most non-interfering treatment; that the system required supporting and soothing, so that narcotics, tonics and stimulants (meaning alcohol) were the only proper remedies, and that many cases, where energetic treatment used formerly to be applied, now did better if no medicine whatever was given, but attention was paid to hygiene and diet.

But all practitioners of the dominant sect could not rest content with the position so many of their teachers desired to relegate them to—that of mere inactive watchers of the course of disease—a sort of superior sick nurses. Believing that medicines were intended for the cure of diseases, they desired to possess something besides the palliatives that constituted the chief or only medicines generally employed, and to be able to do something more for their patients than attend to their diet and regimen. So they sought for remedies which were able to cure, which were in fact of the nature of specifics. And many such they found in the Homoeopathic materia medica, which they freely pillaged without acknowledging the source from whence they derived them. The works of Ringer, Lauder Brunton and Mitchell Bruce introduced them to many remedies hitherto unknown to traditional medicine. Accordingly we find them now employing many medicines which were unblushingly taken from Homoeopathic sources, such as *Aconite*, *Nux vomica*, *Pulsatilla*, *Bryonia*, *Drosera*, *Nitro-glycerine* and other strange drugs, and prescribing many of the old medicines on the indications given by Homoeopathic practitioners in doses of hitherto undreamt of smallness, as drops of tinctures and fractional parts of grains, such as ipecacuanha for seasickness, corrosive sublimate for dysentery, bichromate of potash for gastric

ailments, arsenic for diarrhoea, and so on. Thus much of the old-school practice is a sort of Homoeopathy, crude indeed and often unsuccessful because the strict individualization of Homoeopathy is often neglected and names of diseases are treated in place of concrete cases of disease. Stealing the implements of an artist will not make the thief an artist if he does not know how to use them. But while borrowing so much of their practice from Homoeopathy the authors of modern medical works have never ceased to revile and calumniate the system to which they owe so much. No medical man who makes an open avowal of his Homoeopathic convictions has a chance of obtaining any public appointment, of being elected to any medical society, or of having an article published in any old-school medical periodical.

#### Harmonizing Elements.

The change that has taken place in the practice of the old school during the last fifty years of the century has produced such a *rapprochement* in the practices of the two schools, that there is not that vast difference in the two which was notorious in the first half of the century. While that difference existed the spread of Homoeopathy was much more rapid than it has been since patients have ceased to dread the debilitating and painful methods formerly in vogue. They no longer fear to be bled, blistered, mercurialized or immoderately purged by the ordinary practitioner, so they have not the same inducement to resort to the mild and pleasant methods of Homoeopathy. Though Homoeopathy undoubtedly advances, it does so more gradually and slowly, and the number of Homoeopathic practitioners in the country seems at times to be almost stationary.

Other changes in the old-school

methods have contributed to the temporary arrest of the flowing tide of Homœopathy. There has been nothing like an ebb of the tide, but its onward course has been somewhat slackened by certain novel currents that have appeared in general medicine and which have excited much attention among the non-medical public.

#### **Bacteriology and Serum Therapy.**

The chief of these is the very modern doctrine of bacteriology, which during the last two decades has been diligently worked for all it is worth and for considerably more than it is worth. The number of diseases credited to be due to bacteria is perhaps not much more than a score, but the bacteriologists talk and write as if all diseases were caused by those minute organisms, variously called germs, bacteria and microbes. The doctrine has taken such a firm hold of the medical profession that no medical school is now considered complete unless it possesses a chair of bacteriology with laboratories for the study and teaching of the novel science. Its professors declare that ordinary medicines are powerless for the treatment of diseases of microbial origin, and that the only remedies for these diseases are injections of the blood-serum of animals which have been inoculated with these microbes or with the toxins said to be secreted by the microbes; hence these serums are called "antitoxins." Bacteriology has become a huge commercial business. As the detection of the microbes requires a special education and trained experts, the general practitioner, who has not had the education and training, has to apply to the experts in order to learn if his patients are suffering from a microbial disease, and what the microbe is. For this a handsome fee is required. Then the preparation of the antitoxic serums is a complex

and expensive process which can only be conducted by experts. The price of these serums is consequently pretty high, but the profits from their sale are considerable, and these go into the pockets of bacteriologists, their manufacturers. Homœopathic practitioners believe in the remedial power of their medicines and do not, as a rule, believe in bacteriology or employ this serum-therapeutics. But those who refuse credence to the bacteriological doctrine are denounced as unscientific, as not up-to-date in medical knowledge, and their reputation suffers accordingly to some extent with the general public on whom the repeated assertions of many of the most eminent representatives of medicine that bacteriology is true scientific pathology, and serum-therapeutics the most efficacious means of combating disease, have produced a considerable impression.

#### **Organopathy.**

The treatment by preparations of the organs and tissues of healthy animals of diseases of the same organs in man has probably contributed to the loss of faith in drug remedies. But not to any great extent, for this new organopathy has not an extensive following, though some of the great chemical manufacturers sell preparations of almost every organ of the body, done up in neat tabloid form or enclosed in gelatine capsules. The partial or transient success of the treatment of myxœdema by preparations of the thyroid gland of sheep, is responsible for the initiation of the practice of this organopathy, but though some marvelous cures by these novel remedies have been recorded, the practice itself does not seem to gain in repute, for even the most credulous of doctors are fully aware of the small value of records of marvelous cures, seeing that they are the invariable concomitants of all new systems and new remedies.

### **Influence of Surgery.**

Another circumstance that has tended to diminish the popular belief in medicines is the astonishing progress that has been made in surgery since the introduction of anæsthetics and aseptic precautions. The absence of pain during operations under anæsthetics, and the rapid healing of wounds and diminished danger from even the most formidable operations under asepsis have emboldened surgeons to operate in cases which a few decades ago would have been deemed beyond surgical aid, and the same causes have in a great measure dispelled the fears of the knife in patients. As a result, surgeons have trenched greatly on the domain of physicians, and diseases which were formerly treated only by medicines are now considered to be proper subjects for surgical treatment. Patients who are naturally always in a hurry to have their diseased organs excised by the short process of an operation, rather than submit to their more tedious cure by medicines, and practitioners have found that they derive more *kudos* and more remuneration from an operation than the slower process of medicinal cures. There is no doubt that many useless and sometimes unjustifiable operations are now performed and mutilations resulting in life-long misery to their victims are not uncommon. I have known cases where such apparently simple operations as enucleation of cervical glands and amputation of enlarged tonsils have been rapidly fatal. So that, on the whole, the predominance of the surgical over the medical treatment has not been an unalloyed blessing, and it would be advantageous to the patient world if some curb were put upon the *furor operativus* of modern surgery, and many diseases or cases of disease were again relegated to the domain of therapeutics.

In the present state of affairs, with surgery triumphant and bacteriology rampant, rational therapeutics must take a back seat. But the time will come—how soon it is not safe to prophesy until after the event; so we must curb our impatience until the happy time arrives which shall see the restoration of therapeutics to its legitimate supremacy, which will probably be before the end of the century that has just commenced. Homoeopathy has already lasted longer, has attained a more venerable age than any of the therapeutic systems or methods of the past century. Those of Brown, Cullen, Rasori, Broussais, Hamilton, Todd, Bence, Jones, and others have strutted and fretted their hour upon the stage and then are heard no more, while Homoeopathy has persisted and still goes on gaining in strength and ever adding to the number of its adherents.

### **Homoeopathy Triumphant.**

Homoeopathy still points with just pride to the very considerable reduction it effects in the mortality of all curable diseases as compared with all other methods of treatment; whereas poor allopathy, in spite of its perpetual boasts of the vast gains of modern medical science, in spite of its serum-therapeutics, its anti-pyretics, and its furtive pilferings from our *materia medica*, cannot point to any material reduction in the fatality of the diseases it has to treat. Every now and then some candid spokesman of the dominant school confesses that there has been no improvement in the life-saving power of its therapeutics. The latest utterance of this character was made in an address by Sir R. Douglas Powell at a meeting of the Clinical Society, reprinted in the medical journals of the 20th October last. "The death rate from pneumonia," he said, "has remained unaltered



for fifty years; the influenza bacillus thwarts our best efforts and carries on its guerilla warfare year after year with a gay elusiveness worthy of a De Wet; nor can we yet cure a common cold!" Alas! poor allopathy! During the century just passed it has been in a perpetual agony of fear for the loss of its supremacy by the triumph of the new and rational therapeutics. The ever increasing popularity of Homoeopathy has driven it in despair. It first tried persecution—that failed. It has since tried other methods. It has sprung upon us the "expectant" method, the "stimulant" method, "water-cure," "grape-cure," "thirst-cure," "whey-cure," "Nauheim-cure," "electricity," bacteriology with its serum-therapeutics, organopathy and many other fads in the vain endeavor to stave off the day when the

Homoeopathic principle shall have to be universally acknowledged as the sole rational guide in therapeutics. Some of the ablest men and thinkers in the profession have thrown up the search for a guiding rule on therapeutics in despair. Says Sir Samuel Wilks: "I object to the attempt to treat cases of disease on principles." Dr. Pye-Smith says it is an attempt to answer "a riddle which has no answer;" and now Sir Douglas Powell sadly wails, "we cannot yet cure a common cold." Thus while allopathy by the confession of its most learned professors is in its death agony, Homoeopathy continues to advance after a century of existence in the full vigor of abounding life, conquering and to conquer.—*Labitur et labetur in omne volubilis ævum!*

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## CHRONIC DISEASES.

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In presenting this subject, we are conscious of the fact that we must either skim over an immense surface, or limit our discussion to certain phases of the same, and it is thought best to adopt the former plan, because, by so doing, greater opportunities will be presented for investigation along various lines.

### Causes of Disease.

Taking into consideration the fact that the human body is one of the most delicate organisms to be conceived of, surrounded by an environment that is constantly changing, there is little wonder that we have sickness. The causes for disease are of two-fold nature: *disturbances from without*, and *lack of control over the force within*. Much of the difference in opinion will hinge upon the relative importance placed upon these two factors.

### Source of Errors in Treatment.

Much of the error, in the treatment of disease, arises from an improper estimation of the relative value of these two factors and it is because of this fact that we shall seek to present some of these contingencies in order that investigation may bring out a more perfect appreciation of these seemingly unimportant principles before they may be called for in actual practice.

It is neither profitable nor safe to drive any machine to the full limit of its capacity because the nearer you get to this limit the greater the danger from the slightest disturbance. The same is equally true in the working of the human machine.

### Health the Exception.

It is the exception to find a healthy organism for the reason that the engi-

neer in charge shows either gross ignorance of the capacity of the machine under his charge, or a willful disregard of the effects following a misuse of its power.

#### **Ignorance of Self.**

In these days of paternalism where the authorities seem determined to reduce personal liberty to the lowest possible degree, and magnify the influence of centralized power, it might be well for them to place a guardianship over each individual and retain that power until they are capable of showing by repeated examination sufficient knowledge of the functional activities of life to be intrusted with the responsibility of looking after their own person.

At first glance this may be looked upon as a joke, but there is an undercurrent of such great seriousness that we thoroughly believe our boards of education to be derelict in their duty until they shall have provided such a curriculum of study as will make every student passing through grammar grades in our public schools thoroughly conversant with the science of life and hygiene. It is true they are working along these lines today, but greater energy is being developed along the lines of officious action upon *effects* without interfering with the potentiality of the *cause*. For example: smallpox, diphtheria and typhoid fever will lose their terrors when sanitation has been raised to that degree of perfection, whereby all waste products are so disintegrated as to no longer prove a source of infection.

#### **Individual Susceptibility.**

We therefore lay down as one of the contributing factors to chronic diseases *ignorance of the laws which govern the functions of life from within as well as from without*. The second factor may be classified as the *cumulative effects of ignorance* either upon the part of the

individual interested direct, or transmitted to him through previous generations. This opens up a field of investigation covering the entire range of medical thought. The factor of individual *susceptibility* must enter into every clinical case, and failure to recognize its importance must be regarded as one of the factors contributing to the perpetuation of chronic diseases. Let this be the focal point in the discussion of this paper.

#### **Treatment dependent upon individual picture of the disease.**

The treatment of all diseases must be dependent upon the *individual* manifestation present in each case. The physician who directs his entire energy to the discovery of the *causes* for diseases among the waste products of the body will over-look many things contributing, in a very material way, to the general disease picture without leaving any physical evidence of their existence.

#### **Relative Value of Sanitation.**

On the other hand, the specialist in sanitation will place undue importance upon his discoveries within this particular line of work, because of his ignorance of the *relative* value of the other sources of disease, consequently his recommendations must always be taken at their *intrinsic* instead of their *face* value.

#### **Errors of the Symptomatologist.**

We have another class of practitioners who commit a greater error, if possible, than either of the former, because their conclusions are based upon no scientific principle and consequently lead to very indefinite and unsatisfactory results. We refer to the Symptomatologist. He knows but little about the cause, and cares less. The diagnosis of the diseased condition is immaterial. The prognosis is always favorable providing he can find a group

of symptoms upon which he may hang a remedy, but the results are invariably unsatisfactory, unless perchance he shall *happen* to find a group of symptoms so comprehensive in character, or limited in number, as to make an error in the selection of the true simillimum an impossibility, when surprised at the wonderful result of his prescription, he will forget the many, many failures which have preceded, and are sure to follow the almost constant repetition of errors of judgment.

#### Logical Results of Ignorance.

It will be accepted without question that a disease is chronic because it has not been properly treated, and it is an equally self-evident fact that it has not been properly treated because the physician, or physicians, in charge have not recognized the nature of the *causes* contributing to its perpetuation; or, having recognized the true nature of the trouble, were ignorant of the proper means to be employed for the *removal* of the same; or, again, possessing all of these qualifications, have been deprived of the opportunity for the employment of proper means through ignorance on the part of the patient, or other circumstances beyond their control. We must therefore, in the discussion of this great question, begin at the foundation, at the very root of the whole matter, and that is with the patient himself.

#### Instruct your Patients.

The patient must be instructed with reference to nature's laws, and the logical sequence that must follow the violation of the same. As we said in the beginning, the proper time and place for this is in the public school, but we have to deal with old children, as well as young, and there is no better way for securing the co-operation of the afflicted one than to show your desire to aid in avoiding further com-

plication of the present trouble, and at the same time show how, and why, you are seeking to remove the *effects of previous indiscretion*.

#### The Fountain cannot Rise above its Source.

The greatest obstacle to the carrying out of this ideal plan rests upon the shoulders of the ignorant physician. The man who owes his incompetency to the fact that he has been unwilling to make such consistent investigation as was necessary to become master of any one particular place in the great realm of medicine. It has been our experience, that the laity are more than willing to give us credit for every particle of knowledge that we actually possess; that they are more than willing to put themselves, their lives and all that they hold dear, into the hands of those who prove their competency and show their worthiness of this responsibility.

Today the great mass of chronic sufferers are compelled to seek relief at the hands of charletans and quacks because their family physician has shown his inability to properly comprehend the cause of their prolonged suffering, or the frequent return of the same *after they were led to believe they were cured*. As a rule, you have no one to blame but yourself if you lose a case, or allow it to pass into the control of another physician, either legitimate or illegitimate. *You have simply failed to make yourself master of the situation*, and they feel that their trust in you has been betrayed; that you have simply worked them for the money there was in it, or that you have too little interest in their welfare to determine and do that which was necessary for a cure.

This may seem plain language and out of place; but we are all members of one family and the importance of the

subject justifies the most vigorous measures if by so doing we may be brought to a realization of our own short-comings and take steps for the overcoming of the same. We plead guilty and will stop at nothing, within the limits of our mental and physical capabilities, for the acquiring of the knowledge necessary for the mastery of at least a portion of the many intricate problems involved in the study of life and its manifestations.

This brings us back to the original proposition. In order that we may be able to give proper instruction to our patients we must have *definite* knowledge of the nature of chronic disease, and the relative value of the contributing causes.

#### External Causes—Germs.

In the first place, let us consider the value and importance of the *causes that exist from without*, the causes that are to be charged up to the environment alone. The germ theory of disease bases its importance upon the superlative importance of exposure from without. It maintains that poisonous matter emanates from every dead organism, and that we are being constantly exposed to these poisonous products. They give to these products, or germs, a distinct identity; a *living* personality and a characteristic desire to look upon all other living organisms as their legitimate prey. It is because there is an element of truth in this hypothesis that it has grown until its assumption gives rise to the prediction that, given enough license, it will destroy itself, thereby illustrating the truth of the old maxim of the calf and the rope. It makes little difference in what form the infection may be brought to the individual, it is a fact that cannot be successfully refuted that many diseases are the result, directly or indirectly of exposure

to our environment, and it is of great importance that we recognize this possible source of trouble and carefully guard against all unnecessary exposure and try by every means in our power to reduce to a minimum the possibilities of any form of infection from this source.

#### Importance of Environment Secondary.

A proper knowledge of the nature of the environment and the sources from whence the emanation of deleterious matter may arise will enable us, in a large degree, to remove the cause *before* it has opportunity for getting in its work. There can be little question about the relative value of proper sanitation. We recognize the importance of this matter, when we seek for such a climate and such an environment as will offer the least possible cause, or opportunity, for the aggravation of previous troubles. We choose a *dry* climate for those who are particularly susceptible to *dampness*; a *cold* climate for those who suffer from the *heat*; and a *high* altitude where the mucous membrane is hypersensitive to the presence of irritating substances.

#### Vital Force best Germicide.

Conceding the fact that we are surrounded by an environment capable of deranging the functional activities of the body, we insist that, as a rule, the vital force in a state of health has facilities at hand for thoroughly protecting the organism against these attacks; that no serious results will follow exposure unless the invasion be so *great*, in other words the exposure so *prolonged as to exhaust the reserve strength*, the normal resistance of the organism, when, as a matter of course, there must be a succumbing, a yielding to the stronger force. But as a rule, we find this invasion is confined to only a limited period of time, and in the healthy organism,

there is sufficient opportunity given for recuperation before a second exposure takes place. Although there are circumstances in which the environment is so persistently unfavorable as to make it absolutely necessary for the patient to seek some other climate with the hope of avoiding the constitutional effects of the prolonged and persistent exposure. For example: living in a malarial district in which the air, week in and week out, was so vitiated by the presence of foul, decomposing matter as to render it unfavorable to the functional activities of the body, we would naturally expect a lowered vitality and consequently a *susceptibility to almost all kinds of exposure*. Again, living, or working in a factory in which a constant exposure to obnoxious gases, may so vitiate the system as to bring about disease which will become more and more chronic in character, dependent upon the *amount of exposure* and the *duration of the same*. The only permanent cure for any such disease, logically, would be to be *removed from its influence*, and all other treatment that might be directed towards the eradication of the injurious effects from such an environment would be only palliative in character and ultimately would result in a condition that would practically be incurable.

On the other hand, we send a patient suffering with tuberculosis to some *dry* climate, because of the serious results following *frequent changes in the temperature*. The results are not satisfactory. Why? There may be a certain immunity *during the time that the exposure is at a minimum* or when the environment is the most perfect. But let them return to their old environment, or to any environment in which the conditions are not ideal, and a relapse will soon follow and with serious consequences because only one factor had been eliminated, while the more potent cause was

only waiting for favorable conditions before resuming activities.

The same is true of almost every constitutional disturbance, where it has reached the stage of tissue involvement.

It would seem from this that it would be an error of judgment to charge environment with being an overwhelming cause for the perpetuation of disease. On the contrary, its influence must be secondary in character and *we must look within for that which really causes the major part of the trouble*.

### Constitutional Susceptibility.

This brings us to the second causative factor of all chronic diseases—*constitutional susceptibility*. The very meaning of the term explains the relative importance of the condition. The *Century Dictionary* defines susceptibility as the “capability of being influenced, or affected, by the environment; also a capacity for receiving passive impressions; *negatively, an inability to resist; sensitive.*”

“Specifically, a tendency to receive emotional impressions.” You will therefore note by this that susceptibility is of a two-fold character—*weakness and over-activity*—and that it may be found either in the mental or in the physical sphere; and that all disease manifestations may be so classified.

At this point, it might be worth while to discuss whether this sensitiveness, this susceptibility, is always evidence of disease, or whether it is a peculiar development of faculties by means of which the possessor will seem to have clearer perception, quicker intuition, more intense mentality and therefore possesses a greater appreciation of the beauty, or the hideous character of their surroundings, and being out of harmony suffer accordingly. This hypersensitiveness may be reflected upon the physical structure and the *inability to*

*resist* find its logical *cause* in some *mental perversion*. It is also a question whether this susceptibility, this sensitiveness, is something to be courted, or ignored, whether it is to be within the province of the physician's art to seek a means that will correct this characteristic or not. To our minds, however it is always an evidence of disease, and whenever we see one of these hypersensitive natures, these precocious characters, we feel that the uneven mental development finds its expression in the body, and that we may always look for a corresponding amount of physical suffering.

To a certain degree, this lack of balance may be corrected and a more even distribution or the functional activities of the vital force realized. Indeed, this is the real province of the physician, to so carefully read, and so perfectly interpret the expressions of life as to determine to what degree it be wise to equalize the distribution of the functional activities of the body. It goes without saying that these hypersensitive natures are the ones who constitute the great bulk of the clientele of the general practitioner as well as that the specialist. In many instances, they have inherited these peculiarities, and the natural weakness has been augmented to a great degree by the environment, and where the environment has not been the most prominent contributing factor the *ignorance of man has come in* and added to the complication. To this phase of the question we might give greater space than is now at our disposal.

Ignorance of the significance of life's functions and a meddlesome inclination to be doing something induces too many physicians to resort to methods that are inexcusable under any circumstances. It becomes our duty therefore to so study the varied expressions of life, as to acquire a more or less perfect knowledge of its meaning.

#### Effects of Improper Eating.

Another contributing factor to chronic diseases that we will but briefly mention may be classified as ignorance of Nature's laws, either upon the part of the patient, or upon the part of those who have the opportunity for advising them in this particular. And along this line we find the improper use of food one of the most important factors. Opportunities are given for the employment of such foods as will be most perfectly adapted to the requirements of the organism, either from a physical or mental standpoint, but a depraved appetite perverted by education, or by other circumstances, leads them to persistently ignore the clear indications, the clear demands of their bodies, and to substitute that which they know to be positively injurious. This goes on from day to day, from year to year, until the nourishment of the physical body has been as perverted as to actually starve certain forms of cell life, and to prevent the normal functional activities of these parts; and we find a sluggish, torpid condition of certain organs, due to the fact, primarily, that they have put too great a tax upon the alimentary system and consequently the work required of it is imperfectly done; or there may have been a perversion due to circumstances, an inability to get the proper kind of food; an inability to live under proper sanitary regulations, where they have abundant knowledge of Nature's laws, and Nature's requirements, but are not able to provide suitable environment for the carrying out of the same.

A third phase of this case must not be ignored, and that is where the physician is consulted with reference to the best way for the restoration of normal functional activities; and here we must all plead guilty to an occasional seeming lack of appreciation of our responsi-

bility in that we give advice without properly weighing all these factors of the case, and thus add to the deep seated effects of past indiscretion.

### Drug Diseases.

Drug diseases, resulting from this improper advice, constitute one of the most important factors in the disease manifestations of the present generation, and was recognized by Hahnemann as one of the most difficult forms to treat. An organic substance, foreign to the organism and therefore constantly interfering with and perverting the normal activities of the body. Depending upon the persistence of these influences do we find organic changes in cell structure. And when these changes in cell structure that have become established through long years of improper medication we find that we have to contend with something that many times is practically incurable; and the most we can promise our patients is a partial relief,

a partial recovery from this perversion, and a hope that the vitality, delivered of some of its burden, may be able to take up the responsibilities of life, and carry it on with greater or less degree of success.

In Recapitulation, let us state the factors contributing to disease:

First—Environment.

Second—Susceptibility of the patient due to inherited tendencies.

Third—Diversion of the normal functional activities through wilful ignoring of Nature's laws, or an inability to put the same to a practical application.

Fourth—The handicapping of the vital force through the improper employment of foreign substances, in the form of medicine, that contributed nothing in and of itself, to the maintainance of life, but one the contrary, acted through their power to divert, or pervert the functional activities in a characteristic manner.

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## TREATMENT OF TUBERCULOSIS.

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[Medical opinion shifts about like the weather vane upon the church tower so far as the treatment of this common but serious trouble is concerned, but there are a few general elements of treatment that never can be ignored. Nutrition is of prime consideration, but conditions must be favorable for the proper assimilation of the food after it has been taken into the alimentary system. There must be a *demand* upon the part of nature for nutrition or the best results will be far from that desired. In order that this *decideratum* may be secured there must be an elimination of *waste* products and sufficient activity of the circulation to bring the blood into intimate relations with air that is pure and

well charged with oxygen. There must be physical activity on the part of the patient and the strength to perform the physical requirements must come from good nutrition primarily.

One of the most concise statements of these different factors appeared in a recent number of the *Medical Era*, from the pen of its worthy editor, Dr. Ch. Gatchell, and we have made liberal extracts from the same because his views coincide with our own and because they are radical.—Ed.] He says:

**Climate.**—No special climate is a specific for pulmonary phthisis. Climate is an adjuvant measure in the treatment of the case. In general, the climate that has the greatest number of sun-

shiny days affords the most favorable conditions for recovery. But the climate best suited to the individual case must be prescribed as are other measures.

**Altitude.**—Recovery is best promoted in a region elevated from 1,000 to 5,000 feet above sea level. A rarefied atmosphere causes *deep* breathing and *promotes chest expansion*. A mean of about 2,000 or 2,500 is suitable to many cases.

**Class of Cases.**—Advanced cases (if permitted to go from home) may be sent to a warm climate of little elevation—the California coast or Florida. *But it is far better to keep them at home.*

Patients with nasal and bronchial catarrh, with irritable pyrexia, to Southern Arizona, New Mexico, Western Texas, the highlands of California.

Incipient cases generally, or cases in the second degree with fair chances of recovery, to Colorado, northern New Mexico, Arizona, the mountains of North Carolina, Tennessee and Georgia, the Adirondacks.

Cases in which great altitude is contraindicated. (a) Advanced phthisis; (b) complicated with emphysema; (c) with albuminuria; (d) with organic heart disease; (e) with laryngeal ulceration; (f) with empyema; (g) rigid progress and constant pyrexia; (h) great emaciation; (i) cases that suffer from insomnia and feel constantly cold at a great altitude.

Climate should not be prescribed regardless of other local conditions. Consideration should be given to the matter of the patient being able to secure suitable accommodations, proper food, and the surroundings which will promote contentment and comfort. He should also be under the constant care of a competent physician.

**Drainage.**—A well-drained and dry soil must be chosen for the residence of

the phthisical. *Dampness of soil* is a potent predisposing factor in this disease.

**Mental Rest.**—Whether at home or in a distant resort the consumptive patient *must* enjoy mental composure, and be cheerful and hopeful. A state of anxiety or worry will counteract the effect of other salutary measures. This must be taken into consideration in all treatment, and especially in sending a patient far from home.

**Home Climate.**—Under modern methods, in many cases, recovery *may be brought about in the patient's home climate*. Such recoveries are *more enduring* than those which are made in remote "resorts." If the patient will submit to be "managed" by his family physician, faithfully carrying out all prescribed measures, in incipient cases a favorable prognosis may be given in almost all instances, and some cases in a later stage may recover.

**Camp Life.**—Of all methods to promote recovery in phthisis, none is superior to that of camp life. It should be adopted in all cases in which it is feasible. Unfortunately, for various reasons, it is not possible for many to take advantage of it. But all should do so who can. It affords in the fullest sense the *greatest* measure of *out-door* life, the constant breathing of *pure fresh* air, light and agreeable occupation, and change of scene, all of which induce *heartly* appetite and increased powers of digestion, thus favoring rapid recovery.

**Class of Cases.**—All curable cases will be benefited by this method. In the incipient stage of the disease there are few cases in which a cure cannot be guaranteed. Many cases in the second stage may make permanent recovery.

**Methods.**—There are two methods of carrying out this plan—by team out-fit, traveling by wagon-road from place to place, establishing camp at a new post



each day, or every few days. The other is, with tent and camp out-fit to go by rail to the objective point and there establish camp for the season.

**Out-fit.**—For the first-named method, there should be a party of three, or two at least. Secure a good horse and properly covered wagon, with a small "A" tent, and the usual camping outfit such as hunters use, together with blankets, water-proof clothing, hammocks and all the usual accessories. For the other method, make up an outfit with all except the wagon and horse, and pack the articles for shipment by rail.

**Season of the Year.**—The start should be made in early spring. Travel to the north. In New England, to the pine woods of Maine; in New York, to the Adirondacks; in Pennsylvania, to the mountain region; in the middle states, to Canada, northern Michigan or northern Wisconsin; in the west, to the mountains.

**Location.**—Seek some appropriate spot, preferably in the pine woods, and if possible near a body of water where there is fishing. Let there be a good drainage and protection from high winds.

**Diet.**—In this mode of life the appetite is always such that the patient is not fastidious. Delicate dishes and variety are not demanded. It is always possible to obtain fresh milk, butter, eggs, poultry and vegetables, which with fish, bacon, fresh meat occasionally, and the cereals, make up a diet-list sufficient for all cases, and on which they thrive.

**Period.**—Remain in camp through the summer and into the fall. On the first approach of cold weather return may be made to the patient's home. But at this time, in almost all cases, it may be said in all incipient cases, recovery, to appearances, will be complete. If the "home treatment" be carried out through the following winter, and the camping trip repeated the next summer,

permanent recovery will be established in a greater number of cases than will follow any other method of treatment. Or, what is still better, on the return trip in the fall continue the journey to the southward, traveling through Kentucky and Tennessee, or Virginia, making the objective point for the winter the pine regions of North Carolina or Georgia.

Recovery from incipient phthisis can be guaranteed in almost all cases if this plan is pursued.

**Regime.**—The patient should sleep as much as possible. Wet weather need not compel confinement, only being particular to protect with suitable underclothing and water-proof boots and outer garments. Through the middle of the day rest in a hammock. The duties of camp life, fishing and walks in exploring the surrounding country will afford variety of occupation and exercise. Moving camp several times will add to the variety.

Since, as has been said, all cannot indulge in this method, it is necessary for those who are deprived of its advantages to make use of the "home treatment."

**Home Treatment.**—By this term is meant a method of treatment of phthisis, but recently widely exploited, by means of which the patient receives the benefit of breathing fresh, outside air, instead of the confined air of a closed house. This, together with a carefully regulated diet, adapted to the case, and attention to proper exercise, long gymnastics and hydrotherapeutics, and rest when there is fever, make up the modern method of home treatment.

**Method.**—This consists in keeping the patient in *the open air for the entire twenty-four hours*, essentially, in all seasons of the year when weather permits; at other seasons in the open air during the greater part of the day, and with *wide-open windows when sleeping inside*.

*at night.* The details of this method of treatment will differ according to the location of the patient's home, whether in the cramped and closely-built city, or in the country.

**In the Country.**—In small towns and in the country, where there is plenty of space and wide lawn, the entire day must be spent by the patient out-of-doors. For this purpose make use of a "sun-trap."

This is a small structure about six-by-six feet square, made of light lumber, built on the plan of a lean-to shed. It is inclosed on the three sides, in each of which is a window-like aperture, guarded by a canvas curtain. The large side is open, and also hung with a curtain, running on a wire. This sun-trap, which is readily movable, is to be set on the lawn in various positions, according to the direction of the wind and the inclination of the sun's rays. For the day it has placed in it a reclining steamer-chair. It thus becomes the patient's *liege-halle*. During the greater part of the day he reclines upon the chair, properly protected by furs and shawls in cool weather. At meal-time the reclining chair may be removed and in its place a table and chair substituted, for experience shows that the patient eats with better appetite out-of-doors than in the house.

**Sleeping-Room.**—The patient's bed-chamber, preferably on an upper floor, should have a southern exposure. It should be plainly but comfortably furnished, having no upholstery or other dust-gathering articles. The windows should remain open night and day. Only in cold weather should the windows be closed one hour before retiring, and one hour before rising in the morning. At no other time should the windows be closed except during a storm accompanied by wind. After the storm has subsided the windows should be reopened.

For protection from cold and to maintain the heat of the body reliance should be placed upon blankets and other bed-clothing. On cold nights the face only need be exposed. "*Catching cold*" is impossible. In order not to become chilled when preparing for bed the patient may disrobe and put on his flannel night-dress or pajamas in a warm room adjoining his bed-chamber.

The method here outlined should be consistently pursued, varied summer and winter in order to adapt it to the season, the object being to have the patient at all times, day and night, breathe pure, fresh air. Do not let there be a foolish dread of "night air." At night what other kind of air is there?

**In the City.**—In a close-built city, where yard and lawn are not available, an attempt must be made to approach so far as possible to suburban conditions. If there is a porch or veranda, it must be converted into an out-door apartment for the invalid. The exposure should be to the south. Let the veranda be enclosed with wire netting, to keep out insects, and to give sense of privacy. Inside it should be hung with canvas curtains, which can be rolled up or lowered. These curtains can be let down on the windward side, as occasion requires. The apartment so constructed should be used as the living room and *liege-halle* of the invalid, both summer and winter. In it he should sleep and eat and rest and take his exercise. It should be his sleeping room both summer and winter, except in the stormiest weather, when there should be an inner room to which he can temporarily retire. But cold weather alone should not drive him in. Let him sleep in his improvised apartment even with the thermometer below zero. With sufficient blankets and bedding the cold may be defied. Note what is done by the Klondiker in his sleeping-bag of bear-skin.

Even in a modern city flat the regimen here described may, under necessity, be carried out. Let the flat be the top one of a tall apartment building. If there is a balcony or loggia, use it as the open air *liege-halle* and sleeping room. If there is no loggia, then use a corner room, with open windows. A room in a modern steam-heated flat with open windows on a December day should afford a very comfortable temperature.

In connection with this method of home treatment in the close-built city there should be a nearby park in which the patient may walk, for the sake of the all-important out-door exercise.

A rigorous carrying out of the method of home treatment here described will bring return of health to many cases of incipient phthisis which perished under old methods.

Rest.—An essential part of this method of treatment is the "rest-cure." Whenever the patient's temperature is above 100 degrees F., the rest-cure should be made imperative. In phthisis

the greatest anti-pyretic is fresh air. In carrying it out, the patient should, whenever the temperature is at the point indicated (100 degrees F.), be kept at rest, in an easy reclining chair by day, well protected by wraps in cold weather. The rest should be taken in a sun-trap, on a protected veranda, or other place used as the patient's "liege-halle."

Winter weather does not contraindicate this treatment. From an hour after sunrise to an hour before sunset it should be pursued. The patient should not, however, remain upon his back without interruption. To do so favors hypostasis in the lungs, and also heats the back, making it sensitive to cold on arising. At intervals of a half-hour or an hour he should take a short walk or very light exercise, and then return to his couch.

When the temperature has permanently fallen to below 100 degrees F., the rest-cure need no longer be insisted upon.

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## HYSTERO-EPILEPSY—SUGGESTIVE TREATMENT.

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EDITOR OF "SUGGESTION."

\* \* \* By close questioning I obtained the following history. The patient, aged sixteen, had never been very strong. She had suffered for five years from constipation and had complained frequently during this time of distress after eating, and palpitation of the heart. Menstruation commenced at the age of twelve and had always been irregular and the flow scanty. She had always suffered with cold hands and feet and contracted "colds" readily. She suffered almost continually from headache. The eyes tired easily, and she had nasal catarrh. Memory and concentration were poor, she was excessively nervous

and complained of dizziness. The kidneys were not very active, the skin was dry, and the pulse rapid and feeble. She had fainted several times in her life and for two years had suffered every week or two with what her mother called convulsions or "spasms," but which several doctors had said was a mild form of epilepsy. I asked if she ever lost consciousness during the spasms. The mother said yes, but on questioning the patient closely she admitted that she always knew what was being said and done around her. I also elicited the fact that the spasms came on if she became very nervous or was

"crossed" in any. Neither of her parents had ever enjoyed robust health and an older sister suffered from constipation and painful menstruation. The patient ate very little and drank but a small quantity of fluids in the day. She had been treated by many physicians, all of whom had prescribed different diets and given her a great variety of medicines in the form of sedatives and tonics. She had not improved under any of these treatments and finally the operations were suggested; it being claimed that the contracted sphincters were sufficient to account for all her troubles.

From this history, I diagnosed the case mentally as follows: Here is a patient born into an environment in which the persons upon whom she depends have no idea of the requirements for health and she has heard of little but aches, complaints and poor health all her life. The parents, not knowing how to live correctly, this child has grown up with incorrect habits. Having been sickly, always, she has been petted and fussed over until she thinks of nothing but herself and sickness. She has been so dependent that she is highly suggestible. Every whim has been gratified and when crossed in the least she attains her object by having a "spasm." I am sure I shall find her highly suggestible. Having incorrect habits of living, I can account for the dyspepsia and constipation. The three great essentials for perfect health are plenty of fresh air, proper and sufficient food, and, for a girl of this age, at least three pints of fluids per day. This patient is narrow chested, has very shallow breathing, eats but little and drinks insufficient fluids. She is bloodless, but this can be accounted for by the lack of fluids and food. The blood supply being stunted accounts for the constipation and irregular menstruation. The

bile, which is the normal purgative, depends for its existence upon the blood in the body, and the amount secreted depends upon the quantity of blood. The deficient blood supply has stunted the amount of bile and other intestinal secretions, and constipation is the result of the general condition and is not caused by a contracted sphincter muscle. The weak eyes are a result of imperfect nutrition and the nasal catarrh is a symptom of imperfect nutrition to the mucous membrane. Memory and concentration are brain functions and the brain, also, sharing in the general impoverishment, these functions are impaired. Every impulse from the brain is feeble for the same reason, and none of the organs whose center is situated in the brain is receiving healthy impulses. The cold hands are merely an indication of her general condition, while the painful menstruation which has advisedly been called a "constipation of the uterus," will disappear if that organ can be properly nourished. From the description of the "spasms," the patient's general condition and her environment, I believe these attacks are hysterical, and if I find her highly suggestible my diagnosis will be hystero or feigned epilepsy, attributable to her general physical condition and her sympathetic environment.

At the time appointed, the patient presented herself for treatment, accompanied by her mother. In fact she had not been allowed to stir out of the house unaccompanied. This, in itself, no doubt accounted for the patient's lack of self-reliance, and was a continual reminder that she was an invalid and required constant care.

I placed the patient in a comfortable reclining position on my Allison table and invited the mother to be present while I gave the first treatment, so that she would understand the same and

could see that my instructions were faithfully carried out, at home.

Taking a seat beside the patient and looking into her eyes earnestly, I said: "Miss M——, I have had an opportunity to study your case since you have called yesterday, and I am very glad you have come for treatment. If you will listen attentively to what I say while you are here each day, and will follow the few simple instructions I shall give, I can promise you that in a few weeks you will be as strong and independent as any of your friends, and in one month you will be in perfect health."

I then spoke to her about the advantages of perfect health, showing her the pleasures she would be in a position to enjoy, and the great pride her family would take in her when she was well and strong. Having received a promise from her to follow every instruction faithfully, and a declaration that she longed for health and strength, I proceeded as follows: "Miss M——, your mother keeps some plants, does she not?" "Yes." "You have probably looked after them sometimes?" "Yes." "Well, tell me what you did to them while you were attending to them." "I watered them every day," said the patient. "Yes," said I, "a plant requires a certain amount of water every day to sustain life. Good! Now tell me. Did you keep these plants in the cellar, in a dark room?" "No," said the patient, "we keep them in the front room in the window where the sun shines." "Yes," I replied, "and have you ever noticed that the plants do not do well unless the air in the room is good, and that plants kept out of doors in the summer do better than those kept in the house?" "Yes," answered the patient. "Well! suppose your plants are getting plenty of air and sunshine, and notwithstanding that you water them faithfully, they

begin to die; what would you think was the trouble?" I queried. "I should say that fresh earth around the roots of the plants was renquired," she answered. "Exactly," said I. "Then you admit that a plant to be strong and healthy requires three things—fresh air, a certain amount of water, and food which it gets from the earth?" "Yes," answered the patient. "Then, Miss M——, the way to perfect health lies clear before you. Every living thing on the face of the globe requires the same three essentials for perfect health. You would not expect a tree to thrive on a cup of water per day, nor would you give a small plant a pailful of water at one time. Both would die under these conditions. One would be getting too little water, and the other too much. If you wish to learn how to keep your plants in the best condition it would pay to consult a gardener who is accustomed to looking after them. He can tell you what food is the best for them, and how much water each should have. I have made a study of the healthy woman, and you have come to me to find out what you should do to become perfectly healthy, and I will now proceed to tell you.

While I was conversing with the patient I HAD HER WHOLE ATTENTION and she was interested in what I was saying. I had aroused her expectant attention and she appeared eager for me to proceed. I continued as follows: "Miss M——, heretofore your breathing has been shallow; from this moment you will begin to get more air into your lungs by practicing long, deep breathing. The healthy woman takes full, long, deep breaths, and in this way obtains plenty of air. You will manage to spend several hours every day in the open air and sunshine, and will breathe deeply." Just here I gave the patient instructions in abdominal breathing, and then con-

tinued: "Your food must also be looked after. You have been taking about one-third the food consumed by the healthy woman. Beginning with your next meal you will eat more food and will increase the amount at each meal until you are eating as much as the healthiest friend you have." "But, Doctor," said the patient, "the little food I eat now distresses me, and more would only make me feel worse." "Yes," I said, "I know it would under the old conditions, but by doing some of the things I shall ask you to do, you will digest all you can eat. The plant cannot obtain nourishment from the earth unless there is a good supply of water to enable it to digest all that is necessary. In the past you have taken so little fluid that you could not digest all the food you did eat, but from this hour you will drink more and this will enable you to digest and assimilate more food. The healthy woman drinks from three pints to two quarts every day. The saliva and gastric juice help to digest your food, but they come from what you drink, and if you don't drink enough, you can't make enough saliva and gastric juice to digest your food properly. There are a number of other secretions in your body which depend, also, upon the fluids you drink. One of them is called the bile, and this bile is the normal purgative. When you are drinking more fluids there will be more bile, and your bowels will then move every day. The fluids you will drink will mix with your food to make blood; the deep breathing will help to make this blood healthy and you will shortly be making so much good blood that your hands will become warm. You will gain in strength and weight and every part of your body will become healthy. You put a certain amount of fuel into your body every day and there are ashes which have to be taken away every day. Some of these ashes leave by the lungs;

some by the skin, while others leave by the kidneys and bowels. The fluids will help you to carry off the ashes by the skin, the kidneys and bowels, and the deep breathing will assist to carry them off by the lungs. I want you to take your fluids in little sips, through the whole day. You may drink a glass or two of fluids with each meal, and you must manage to sip at least two glasses more between each meal. The fluids should be in the form of milk and water, chiefly, but if you are fond of tea and coffee a little of these may be taken at one or two meals each day. The tea and coffee should be fairly weak.

"The food you eat must consist of bread, butter, beefsteak, potatoes, eggs and milk. A healthy woman eats all of these, and when you can eat and digest them you can eat everything that is wholesome and nutritious. The increase of fluids will enable you to digest everything in a short time; besides, the treatment I shall give you will stimulate your stomach and bowels so that they will do good work at once.

"Miss M——, lift up your right hand." She lifted it. "I asked you to lift your hand, and you did so. I asked you to direct a certain force within you into your hand, and you obeyed me. I shall ask you, shortly, to direct this same force into the stomach and bowels and they will also obey me through you."

At this juncture I induced the suggestive condition in Miss M—— and suggested as follows: "Miss M——, already you are feeling better. You are going to grow well and strong. You will be thirsty all the time, and hungry for every meal. Your breathing will grow longer and deeper every day, and every time you take a sip of fluids you will remember what I say to you during your treatments. Tonight you will sleep soundly, and tomorrow morning you will feel stronger, brighter, happier, and hungrier

than you have felt in years. The bowels will move after your breakfast tomorrow morning and will move every day hereafter. Everything you eat and drink will turn into blood, and you will grow strong and healthy. Your hands will grow warm; you will have perfect control of yourself at all times; and next month your menstrual period will be painless. You are now becoming a healthy woman, and will be as strong and well as your healthiest girl friend. In a week you will do all the shopping for the house, by yourself, and will take pride in letting your mother and friends see that you can get along alone. Every sip of water will make you hungry, strong, happy and independent. Tomorrow you will tell me the bowels moved; that you slept well and are feeling better already. I shall weigh you every day and the food you eat will make you heavier every day."

I continued to repeat these suggestions and others of a similar nature for about five minutes, emphasizing the suggestions by placing my hands over the various organs as I mentioned them. By associating her improvement with every sip of fluid, I secured the cooperation of her auto suggestion in a manner which would require but little effort on her part.

The Allison chair has a device by which the patient's head can be brought lower than the feet, without requiring him to change his position in the least; so, before arousing her, I lowered her head. This enabled me to stimulate her poorly nourished brain with the

blood she already possessed. I also used some manipulations which assisted in giving a freer circulation of blood in the brain. After three minutes' treatment of this nature, I raised the head, waited about one minute and then aroused her with the suggestion that I had given her a good start and she would certainly pick up steadily every day. The patient weighed 95 pounds.

The following morning the patient came with her mother and both seemed very happy. Miss M—— reported that she slept all night, that her bowels had moved the day before, after treatment, and again just before starting for treatment. She had eaten heartily and everything had apparently digested without the least effort. Her mother said she had been much less nervous. I repeated the same suggestive treatment that morning and every morning thereafter. The patient had gained 1½ lbs. over night and looked better and brighter.

The march to health was a steady one. At the end of the first week the patient felt well enough to come for treatment by herself, and the next menstrual period was absolutely without pain. The bowels moved every day, and in four weeks she gained nine pounds. It is now over six months since this patient finished her month's treatment, and today she is strong and robust. With the except of one or two slight headaches, she has not known an ache or pain of any description; nor has she had the slightest symptom of her old attacks since her first treatment.

## Correspondence.

### APPEAL FROM NATIONAL WOMAN'S CHRISTIAN TEMPERANCE UNION.

The National Woman's Christian Union has been active for twenty-seven years in combating the evils of alcoholic liquor drinking. Among its effective allies have been those physicians who do not prescribe alcoholic liquors, allowing alcohol a very limited sphere of usefulness, or none at all.

We are endeavoring to bring the teachings of such physicians to the people and we believe that much good is being accomplished thereby. It is apparent, however, that if the evils of liquor drinking (ill health, poverty, insanity and crime,) are ever to be fully abated, the medical profession must take a more active part in this much desired reform. They, more than any others, can disabuse the public mind of old-time errors concerning the use of or necessity for alcohol, either as a beverage or for medicinal purposes. It would seem to be the duty of those to whom the public looks for guidance in all things pertaining to health, to continue to make the most careful investigations of the nature of alcohol and its effects upon the human system, and to see to it that *their medical practice, as well as their personal example*, is upon the side of safety.

The *New York School of Clinical Medicine*, a postgraduate college for physicians, has just now opened a new department for the study of the constitutional effects of alcohol and other drugs.

An eminent Russian physician, in a paper read before the International Medical Congress, held at Moscow,

August, 1897, said: "The struggle against alcoholism merits as much attention on the part of the medical profession as that against the various epidemics, and the success of the struggle is impossible without the active sympathies of the medical profession."

Realizing the truth of the foregoing statement, the National Woman's Christian Temperance Union, at the beginning of this new century, appeals to physicians to aid in the efforts being made to remove as far as possible all tendencies and temptations toward the formation of the drink habit. The medical profession can wield a powerful influence by bringing to the knowledge of the people the consensus of scientific opinion and practical observation, on the disastrous results which follow the habitual and indiscriminate use of alcohol.

Particularly would we ask physicians to warn parents against the home prescription of alcohol and against the use of proprietary medicines containing alcohol or other narcotic drugs, by showing them the danger and by teaching them a better way.

We respectfully ask that this appeal be published in the *HAHNEMANNIAN ADVOCATE* and that it be brought before National, State and County Medical Societies, for discussion.

With profound respect for your honorable profession, and with hope for your active co-operation in this work, we are, Sincerely yours,

LILLIAN M. N. STEVENS,

Pres. N. W. C. T. U.

SUSANNA M. D. FRY,

Cor. Sec. N. W. C. T. U.



## HOMŒOPATHY IN SOUTH CAROLINA.

It may be of interest to readers of the *ADVOCATE* to hear what this lone State of South Carolina is doing. Only a few are aware of the sad state we are in as regards our school of medicine in this State.

For the past three years our Dr. Cleckley (son of the old Dr. Cleckley, who so long was in practice in Charleston,) and myself were the only representatives of Homœopathy in this State. The past year Dr. Hursh of Pennsylvania has located at Columbia. Through him, last winter, the Legislature passed an amendment to the medical bill authorizing a Homœopathic Board of three members. The Governor appointed Dr. Hursh, Dr. Cleckley, and myself to constitute said board.

On the 11th of last month we met at Columbia and organized the first Homœopathic Board of Medical Examiners of South Carolina. Dr. Hursh was made President and Dr. Whitman Secretary and Treasurer. The annual meeting of the board is holden on the Tuesday after the first Monday in June.

So now the field is open for all *genuine* Homœopaths—none others “need apply,” as the bill was so framed that the dominant school could not put their “finger on us” and say “I told you so.”

It seems you are having an epidemic of grip, north, which we are skipping, but in this locality a species of influenza is taking its place. The condition seems to be an inflamed state of the larynx and buccal cavity, causing a terribly irritating, hacking, croupy cough, which is very annoying and distressing. Symptoms are mostly covered by *Belladonna*.

I have seen one case simulating the grip where the symptoms were covered by *Bryonia*, and gave relief. Another condition of *Bryonia* is, it seems to be a remedy peculiarly adapted to this locality and climate, especially anything that involves the stomach.

Invoking success to the *ADVOCATE*,

I am as ever yours,

J. A. WHITMAN, M. D.

Beaufort, S. C.

## BELLIS PERENNIS.

I see in December number, page 743, that Dr. Danforth, in *Hahnemannian Monthly*, says, in regard to *Bellis Perennis*: “There is no proving of this remedy known to the writer and we can find no record of its physiological action, so do not know the basis of its action, except from Dr. J. Compton Burnett.”

In Dr. E. M. Hale's *New Remedies*, page 1, column II, of 1875, says Dr. Thomas added to *Homœopathic Materia Medica* (London, 1868,) there is a proving of this plant. He recommends it as a substitute for *Arnica*.

J. K. EBERLE, M. D.

Pana, Ill.

BOARD OF HOMŒOPATHIC EXAMINERS OF PENNSYLVANIA RE-  
PLIES TO REGISTRAR OF THE SOUTHWESTERN  
HOMŒOPATHIC COLLEGE.

At a special meeting held in Philadelphia, the Board of Homœopathic Examiners of Pennsylvania prepared the following statement for publication.

Owing to the illness of the Secretary, an unavoidable delay has occurred in sending it out.

PHILADELPHIA, Jan. 19, 1901.

J. E. MANN, M. D.,

*Registrar of the Southwestern Homœopathic Medical College.*

*Dear Doctor:* Your courteous letter of September 11, 1900, addressed to the Homœopathic Medical Examining Board of Pennsylvania, was duly received. We are glad to learn that the Faculty of the Southwestern Homœopathic Medical College "disclaims . . . any intention to deceive;" but the fact remains that, for the following reasons, the statement made in your College *Announcement* cannot be construed otherwise than as highly misleading.

We did not say that the Faculty of your College intended "any maliciousness or intention to deceive," but simply stated as follows:

"The *Announcement* of the Southwestern Homœopathic Medical College, Louisville, Ky., for 1900-1901, contains on page 10 the following sentence: 'As an evidence of the thorough work done in our College, referring to State Board Examinations, we are proud of the fact that one of our graduates, in a State Board examination in Pennsylvania, last year, passed with the highest average, in a class of one hundred and sixteen applicants, nearly one-half of whom were rejected.'"

The above sentence, evidently used as an advertisement, contains at least two entirely misleading statements. One of these is, "*in a State Board examination in Pennsylvania last year, . . . in a class of one hundred and sixteen applicants,*" etc. No such "class" came before any of the State Boards in Pennsylvania last year (*i. e.*, December, 1898). \* \* \* \*

As stated above, there was not "a class" in December, 1898, in the sense claimed in your *Announcement*, nor can there be one at any time, because (a)

as there are *three Boards* so there must be *three classes*, each one appearing before its own Board; (b) each class must be examined in the questions of its own Board—and the questions of these Boards in its three characteristic and distinguishing branches are totally different from each of the other two Boards because, "in the departments of therapeutics, practice of medicine, and materia medica, the questions shall be in harmony with the teachings of the school selected by the candidate" (Section 10 of the Medical "Act" of Pennsylvania); (c) each class is rated, or marked, by a totally different set of examiners.

How utterly unwarranted it is, then, for you to assert that "one of our graduates, in 'a' State Board examination in Pennsylvania (where there are THREE Boards), last year, passed with the highest average, in (there must always be THREE classes) 'a class' of one hundred and sixteen applicants," etc.

As authority for your statements, you refer to "the 1899 published report of the Medical Council of the State of Pennsylvania." We accept the authority of your reference, because it fully substantiates our position! On page 11 of said "Report" are found the compiled figures of the December, 1898, examination of the class examined by the Allopathic Board; and on page 17 of said "Report" are the compiled figures of the December, 1898, examination of the Homœopathic Board. This proves that the Medical Council of Pennsylvania accepts and recognizes these two as *different* classes (not as "a class") who, as stated above, were examined by different Boards of Examiners, who presented different sets of questions in three branches. It must certainly be admitted that it is impossible to add two such incompatible reports, as you have done, and claim as the result "a class"!

You also state that "in the June examination of 1898 of the fifty-eight Homœopathic applicants twenty-three failed; and in the December, 1895, examination, of the fourteen Homœopathic applicants eight failed. Does it not appear that you have to reject nearly and even more than one-half, sometimes?" Here again you deduct wrong conclusions, because in these examinations were several applicants who had been before our Board and failed at previous examinations—one of them in June, 1898, making his fourth failure.

The Board of Homœopathic Medical Examiners of Pennsylvania has nothing to "modify" or retract in its published statement because, as shown at length above, the statement in your *Announcement* for 1900-1901, viewed from any standpoint, was widely at variance with facts.

For and in behalf of the Board of Homœopathic Medical Examiners of Pennsylvania.

JOSEPH C. GUERNSEY, M. D.,  
Secretary.

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## Editorial.

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### MARRIAGE RESTRICTIONS.

Every child is dependent upon its progenitors for life, and, what is of still greater value, health; and has a legal as well as a moral right to hold them responsible for any physical defect that can be traced directly to any cause of neglect or the wilful, selfish violation of nature's laws. This is a terrible charge, but every parent should be compelled to recognize the obligations they assume when seeking permission from the state to enter upon the marriage relations. It is assumed that one of the essential prerogatives of marriage is the begetting of offspring; and still the present position taken by organized society would justify any stranger in drawing the inference that this is only one of the incidents or accidents of the legal relations of man and wife. The begetting of children should be the subject of greatest importance that can come up for consideration, and every provision possible should be made that would insure strong, healthy offspring. It is a question if the ancient Greeks were not nearer to the true solution of this question when they

deliberately destroyed the lives of all those who did not come up to a certain physical standard. Nine-tenths of the suffering incident to the criminal violation of nature's laws can be traced directly to an unwillingness on the part of the parents to sacrifice their own selfishness for the possible benefits that might be transmitted to their offspring. It is true that, as a rule, parents are willing to put up with many discomforts *after* the child is born. In many cases, their suffering is more intense than that of their children, and is a just punishment for the sins of the past, but all of this suffering on their part can in no way benefit the children for the misfortunes that they have inherited. In the present state of civilization, under the existence of laws instituted by selfish, unprincipled men, a fearful risk is incurred by the suggestion of adding in the least to the prerogatives of our local, state or national boards of health; but it does seem as though one of the most important innovations that can possibly take place during the present century will be the inauguration of some

method whereby marriage shall be limited to those who possess physical qualifications of a certain standard. It would seem as though this movement ought to have its inception with the medical profession; that every physician should have an appreciation of the importance of the question, and so educate his patrons that the coming generation would realize the necessity for a thorough removal of every possible physical defect before the thought of marriage could be entertained. There is a growing tendency in this direction which needs only the stimulus of a legal enactment to make it universal.

Since writing the above, the following clipping comes to our notice:

Madison, Wis., Jan. 16.—Marriage will be a formidable undertaking if a bill introduced in the state senate today by Senator Stout becomes a law. It prohibits marriage by any persons who are insane or have consumption or any of several other diseases named. A board of three examining surgeons in each county is provided for, and before such board every person who wants to marry must undergo a physical examination before a marriage license will be issued. If the board refuses the license to marry the candidate

has an appeal to the state board of health.

The members of the county examining boards are to hold office for life or good behavior, and are to be paid from the fees charged for the examinations. The fees are to be \$2.50 for an examination and the doctors are to be limited to \$1,000 a year, the surplus to go to the county treasury. Any preacher, justice of the peace or other person who has authority to marry people is to be fined not more than \$500 or imprisonment not more than a year if he performs a marriage ceremony for persons who have not passed the examination.

This is certainly a move in the right direction and the under current of popular sentiment that prompted the introduction of such a bill in the Wisconsin legislature will not rest until it brings forth its legitimate fruit in elevating the standard of American citizenship to a higher plane than can be secured through any other means.

We must begin at the source of contamination and so thoroughly protect that source that every child will strive to acquire that degree of physical perfection that will secure for it the privileges of entering into the sacred relations of man and wife.

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#### SMALL POX.

Were we to accept everything that appears in the press, both secular and medical, we would be constrained to believe that the United States were suffering from the most extensive demonstration of smallpox ever known in the history of this country. It seems to reach from Maine to California and from the great lakes to the Mexican boundary. It is a singular fact, however, that very few deaths are reported, and the general type of the disease is marked for the mildness of its character. Three months have passed since the reports began to come in, and now we have reached that point in the investigation when the question is being pressed from many quarters, regarding

the correctness of the diagnosis. The state boards of health seem to be unanimous in their diagnosis, and to insist upon every prerogative that has been granted them by the legislatures of the various states. The most arbitrary demands have been made upon all in authority, and compulsory vaccination is the rule. Opposition from any source is looked upon as a personal insult to the officious members of the boards of health, both municipal and state, and the offender receives the full force of their righteous indignation. In some localities, compulsory vaccination is limited to the children attending public schools. In other localities it extends beyond the public school to the

private, while in other localities employers of labor are compelled to present the alternative to their employes, of vaccination or dismissal. The mayor of Pine Bluff, Arkansas, has been delegated authority by the board of health of that state, to carry compulsory vaccination to the extreme limit of compelling *every man, woman and child* within the boundaries of that town, to be vaccinated, and defines *scarification* to be the only method that will be accepted by the authorities. He has aroused the opposition of the Homœopathic profession, and Dr. Le Fevre has been arrested two or three times and fined \$25 and costs upon each occasion. He has appealed from the decision of the mayor to a higher court and the profession will watch the result with interest. It seems that the doctor has the support of a majority of his constituents who are making a united

stand with him for what they believe to be the more scientific method and at the same time more strictly in accordance with the law of similars. Throughout the south there is a growing conviction that this present epidemic is similar in character to that eruptive disease known as Cuban itch, but the discussion seems to be divided with reference to the differentiation between Cuban itch, varioloid and smallpox; some claim that the only marks of differentiation to be found lies in the fact that the pustules are less uniform in character than smallpox, and that many of them give no evidence of umbilication. Many of the readers of the *ADVOCATE* will likely recall the discussion of a year ago, in which the consensus of opinion was that many of these cases were simply those of varicella or chickenpox.

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#### IS THIS YOUR FAVORITE MAGAZINE? WHAT ARE YOU DOING TO SUSTAIN IT?

Every physician has his favorite magazine, and the character of the magazine largely determines the professional caliber of the physician. Some magazines are taken for entertainment or diversion, and are picked up when tired, hastily glanced through and thrown down; others are so solid that they are laid to one side until a more convenient season (which never comes). Few realize the immense amount of work expended by the editor of any medical journal, in providing suitable material for the readers of the same. The subscriber takes it for granted that the matter is good and worthy of a place in the columns of the magazine, and he resolves that he will carefully study the same when a convenient time presents a suitable opportunity; but for the present, he will hastily glance through

the editorials, read the personals, if there be any, scan the miscellany and perhaps look at the book reviews, when the magazine will be laid aside, where it keeps company with perhaps a score of previous issues. He feels that when he has paid his subscription, his individual obligation to the publisher has been cancelled, forgetting the limited number of faithful, conscientious workers who toil in season and out of season in order that they may give the profession the richest and rarest fruits of their labor, asking from them no other remuneration than the honor of seeing their productions preserved in the columns of their favorite magazine. It may be that the *ADVOCATE* enjoys the distinction of having a greater percentage of conscientious readers than that of the majority of the medical press. If

this be true, it is because we have an important message to deliver and the volume of the literature of the subject is limited; but every physician who takes upon himself the distinctive title of Homœopathist, ought to be so impressed by the added responsibilities that he will seek further knowledge which will serve to make him master of the art of healing. To all such, every issue of this magazine presents a peculiar message and free-will offering, for which recipient pays only for the mechanical construction of the book before them. The best way to read a magazine is to take a single article at a time, underscore every peculiar and important thought and indicate upon the margin the significance of the same, so that an

index rerum may be constructed from its readings that will be of practical value in the future. If it were known to the editors of a magazine that such interest was taken in the fruits of their labors they would only be too glad to redouble their efforts in order that the feast spread before the readers might be more worthy of their participation. Careful reading begets careful thought, and careful thought is followed by the desire to share the same with others, hence the untiring efforts upon the part of the few to contribute articles worthy a better reception. Will you not come out from your cozy corner and give to our readers some of the fruits of your careful, deliberate investigations?

## Book Reviews.

**Home Treatment and Care of the Sick**, including chapters on Approaching Maturity, Marriage and Maternity by A. Temple Lovering, M. D., and Published by Otis Clapp & Son, Boston.

A little knowledge is dangerous and a half-truth is at times worse than no truth. As a rule it would be better that the laity be kept in ignorance of the indications for the use of drugs and be compelled to devote their study to the acquiring of that knowledge of the laws of health that would make the calls for drugs few and far between. There are exceptions to every rule which only serve to prove the truth of the rule.

A majority of the profession might think it safe to place this book in the hands of their patrons, but we cannot see any reason why the health of any family will be improved by the most careful study of this book if they trust to the information found within its pages *when the service of a skilled Homœopathic physician can be obtained*, because the instruction is so explicit that many a family would be governed by the

*superficial* knowledge and give medicine for every little indiscretion when something else was indicated.

The world stands in great need of instruction along the lines of right living, but the use of substances foreign to the body should be restricted to those who thoroughly understand their legitimate office.

**Transactions of the Homœopathic Medical Society of the State of New York.** Edited by DeWitt G. Wilcox, M. D., Secretary.

The New York society was organized nearly fifty-one years ago and has held forty-eight annual sessions. There is enough Homœopathy scattered through its pages to entitle it to the distinctive name of a "Homœopathic" society, but "Homœopathy" is not the talisman which draws some of the brightest men in the profession to the regular sessions of this society. It is a body militant and aggressive action on the parts of both officers and members for a proper recognition of the school and a suitable distribution of the state patronage brings out the liveliest action and perhaps this is the legitimate office of state societies.

# The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. xl.

Chicago, February 15, 1901.

No. 2

## Materia Medica.

### COMPARATIVE MATERIA MEDICA.

(Continued.)

H. W. PIERSON, M. D.,

PROF. COMPARATIVE MATERIA MEDICA, DUNHAM MEDICAL COLLEGE, CHICAGO.

#### CEREBRUM.

ACONITUM, AMYL NITRITUM, ARSENICUM, ACID CARBOL., BELLADONNA, CANNABIS SATIVA, CINCHONA, COFFEA CRUDUM, CROTALUS, CUPRUM DIGITALIS, GELSEMIUM, GLONIN, HELLEBORUS, HYOSCYAMUS, KALI BROM., LACHESIS, OPIUM, PLAMBUM, PULSATILLA, RHUS TOXICODENDRON, SANGUINARIA, SCUTELLARIS, SILICEA, STAMBIUM, STRAMONIUM, TOBACUM, TARANTULA, VERATRUM VIRIDE.

#### ACONITE.

**General Action:** "Aconite is a *protoplasmic poison*, and destroys the functions of all *nitrogenous tissue*; *first* of the *central nervous system*, *next* the *nerves*, and *last* the *muscles*; but it has an especial affinity for the *sensory apparatus*, *paralysing* first the *sensory* perceptive centers, and, through this central nervous system is a powerful *depressant* of the *motor nerves* and muscles. Aconite affects all the structures of the heart. 1st, ganglia; 2nd, nerves; 3rd, muscles."—*Ringer*.

#### Special Action.

##### I. PARALYSIS—Cerebro-spinal.

- (a) *Heart*—Inhibitory (pneumogastric).

- (b) *Blood vessels*—Dilatation (vasomotor).

- (c) *Circulation*—Lessened blood pressure.

- (d) *Temperature*—(1) Acute fever; (2) Depression; (3) Perspiration.

##### II. INFLAMMATION.

- (a) *Mucous membranes*—Sthenic.

- (b) *Serous* " —Plastic.

- (c) *Fibrous tissue*—Rheumatoid.

- (d) *Stomach*—Emesis; congestion; neuralgia (pneumogastric).

- (e) *Lungs*—Paralysis; congestion; neuralgia (pneumogastric).

**Cerebrum.**—Experiments would indicate that the *rapidity* of the action of aconite was due to the fact that it has a peculiar affinity for the ganglionic nerve centers and that its next point of action was upon the *sensory* nerve filaments, while the *motor* trunks are practically undisturbed. There is very little pain, and no evidences of organic lesions in the brain. Its action is inhibitory and if carried far enough will produce death by *paralysis*.

*Before* there is any evidence of congestion or inflammation we find a profound *mental* impression has been made

and the one word which most perfectly expresses the condition is that of fear. The peculiarity of this fear is that it is *centered upon self*. There is great mental *anxiety* and *restlessness* and a magnifying of the impressions through all of the organs of special senses. Following in rapid succession we have *congestion* and *inflammation*.

**Summary**—Mental fear, anxiety, apprehension, delirium with fulness in the forehead and feeling as if something would come out. Vertigo on rising up, stooping, shaking head.

#### ACIDUM CARBOLICUM.

**General Action:** Carbolic acid is a protoplasmic poison. It has the power of destroying the lower forms of cell life. It seems to have an affinity for the living cell, either animal or vegetable. It can never cleanse a putrefactive ulcer, but acts by destroying the living portions of partially decomposed tissue, so there may be a sharp demarcation between the living and the dead. It arrests to putrefaction for the same reason, hence is Homœopathically curative occasionally where the knife might seem indicated.

##### Special Action.

#### I. PARALYSIS—Cerebro-spinal.

(a) *Brain*—Respiratory center (pneumogastric).

(b) *Spinal Cord*—Suspended reflexes—anæsthesia.

(c) *Locally*—Anæsthetic.

#### II. DESTRUCTIVE.

(a) *Blood*—Septic—Carbuncles, boils, etc.

**Cerebrum.**—A protoplasmic poison with especial affinity for the *brain* and spinal cord. It is a depressant and one of the first effects noted upon the cerebrum is that of *stupor*. With the higher potencies this may be expressed as a sense of mental *irritation* with *disinclination for any kind of mental work*.

In diseased conditions calling for this remedy cases of poisoning generally present the following order. Vertigo, stupor, convulsions, stertorous breathing, cold perspiration, great prostration and death.

Like *Arsenic*, we have extreme *prostration*, both mental as well as *physical*. Its differentiation from *Opium* will appear under the latter heading.

**Summary**—Irritability with sensation of tightness as if a rubber band were stretched from one temple to the other.

#### AMYL NITROSUM.

**General Action:** It has a *depressing* effect upon the *motor* centers of the spinal cord. Unlike *Aconite*, there is no period of temporary excitement. The *sensory* centers and nerves are not involved. Its *local* action seems to be similar to its action upon the cord for we find a loss of functional activity whenever it comes in contact with the body. Exhilaration is followed by a sensation of suffocation, with a positive decrease in the oxidation of the blood.

##### Special Action.

#### I. DEPRESSION OR PARALYSIS -Cerebro-spinal.

(a) *Heart*—Inhibitory (pneumogastric and vaso-motor).

(b) *Blood vessels*—Arteries, rapid but transitory dilatation (vaso-motor).

(c) *Circulation*—Lessened blood pressure.

(d) *Temperature*—Rapid reduction.

#### II. KIDNEYS—Diuresis with glycosuria.

**Cerebrum.**—Rapid in action and transitory in effect unless carried to point of complete annihilation of life. The best analysis of its action would lead to the conclusion that its greatest action is through the *vaso-motor* center in the medulla oblongata and that all action upon the cerebrum is of a *second-*



ery nature. On the *motor* centers of the spinal cord it acts as a positive *depressant*. It paralyzes without destroying the life of the cell. Its characteristic effect will be brought out when we make a comparative study of the *circulation*.

The *fear* and *anxiety*, as well as the sense of *suffocation*, will be found associated with *respiratory* disturbances.

**Summary**—*Anxiety as if something would happen. Must have fresh air. Surging of blood to head and face with throbbing and heat.*

### ARSENICUM.

**General Action:** Arsenic seems to have a *double* action upon animal tissue, or rather it seems to act through both the *sympathetic* and *cerebro-spinal* nervous systems. Its direct action is that of *disintegration*, but through its *irritating* properties so stimulates the *cerebro spinal* that there is an *apparent* state of health, which, as a rule, is very deceptive, for while there may be abundant evidence of unusual activity and strength, it gives place to *emaciation*, *weakness* and *irritability* very shortly after the use of the drug has been stopped.

#### Special Action.

- I. DEGENERATION (fatty)—Every tissue in the body (sympathetic).
  - (a) *Heart*—Motor paralysis.
  - (b) *Kidneys*—Albuminuria.
  - (c) *Liver*—Eczema, gangrene, anasarca.
  - (d) *Blood*—Hemorrhages, serous effusions.
  - (e) *Circulation* — Asthenic, vaso-motor paralysis.
- II. STIMULANT-IRRITANT.
  - (a) *Mucous membrane*—Destructive inflammation.
  - (b) *Serous membrane*—Oedematous inflammation.
  - (c) *Lungs*—Asthma, destructive inflammation.

**Cerebrum.** In order that we may get a true insight to the action of this wonderful agent upon the cerebrum, we must understand its action upon every tissue of the body. It seems to be absolutely independent of the *cerebro-spinal* nervous system and to go back to the source of all *organic* life. It must be classified with *Sulphur*, *Silicia*, *Phosphorous* and the *lime* salts which act through the *sympathetic* or *ganglionic* nervous system.

Arsenic is a *protoplasmic poison*; it *destroys* the cell, or rather the protoplasm in the cell. It therefore acts *upon* the *cerebro-spinal* system, instead of acting *through* the same. Again, its action is more manifest upon the spinal cord than upon the cerebrum because we have greater opportunities for noting effects, but it is only a seeming for every structure in the body is involved.

*Fear*, *anxiety* and *restlessness* are pathognomonic of arsenic; but there can be no mistaking this picture with that of *Aconite* because the *fear* comes toward the close of a long, continuous disturbance and is always associated with proportionate *prostration*.

The *anxiety* and *restlessness* may be attributed to actual *suffering* of the most *intense* character in other parts of the body. There is unmistakable evidence of *great* constitutional derangement. The source of *reserve* or *latent* force has been destroyed and the individual is living upon his capital stock with the knowledge that it is slowly but surely being consumed, with little or no hope of arresting its progress.

The period of greatest anguish is likely to coincide with the period of least resistance—*after midnight*, with climax at or about 3 a. m.

*Irritation; inflammation; disintegration.*

**Summary**—*Delirium with restlessness; anguish, with despair driving*

him from place to place. Anxiety, with disposition to commit suicide. Nightly aggravation. *Neuralgic* headache with *extreme prostration*.

### BELLADONNA.

**General Action:** It is not easy to define the range of action of Belladonna in a few words because it has so many special points of interest that must be taken into consideration before a complete picture will have been secured. *Paralysis* is the final outcome if a sufficient amount of the drug has been ingested, both *motor* and *sensory* nerve trunks being involved.

The most logical explanation of all the phenomena manifest in one who is under the influence of Belladonna is to the effect that the impulse is transmitted by the *afferent* nerves and received by the nerve center, but the *efferent* or *motor* trunk cannot transmit the order to its terminal nerve fibres. In time, this *depressing* effect is felt upon the motor centers in the cord and ultimately involves the *afferent* or *sensory* trunk and we have loss of sensation. Were this all there would be great difficulty in understanding some of the diversified phenomena of this drug. It may be stated in general terms that it has a decided *stimulating* effect upon the *respiratory* centers of the medulla, also upon the cardiac *accelerator* centers and *vaso-motor* centers, while at the same time there is a *depressing* action upon the heart itself. The significance of this will be made apparent when we take up the special action.

#### Special Action.

- I. PARALYSIS—Cerebro-spinal, motor, sensory.
  - (a) *Muscles of vital organs*—Heart, stomach, kidneys, bladder (sphincter), uterus, etc.
  - (b) *Glandular system*—Secretions arrested, inflammation.

(c) *Mucous membrane*—Secretions arrested, inflammation.

#### II. STIMULATION—Pneumogastric.

- (a) *Respiratory* center.
- (b) *Cardiac inhibitory* center.
- (c) *Vaso-motor* centers.

**Cerebrum.**—The brain is most powerfully impressed under the action of this drug. Violent *inflammation* with *throbbing* headache follows almost immediately after its injection. *Mania* of an intense character associated with wild *talkative delirium*; injected eyes and dilated pupils. The mental illusions are varied in character, but as a rule are of a pleasing nature. An important point to be noted is the *seeming inability* to control impulses or prevent these illusions even when perfectly conscious of his condition. This leads to the conclusion that *Belladonna* acts upon the *terminal* fibres before it affects the cerebrum. It produces a *paralysis* of *motor* centers and *sensory* nerves. It acts upon both the *afferent* and the *efferent* nerves.

From *local* application we may have either *motor* or *sensory* paralysis without any apparent involvement of the nerve center, while ingestion into the circulation will be followed by systemic effects of a more violent nature. *Stille* gives the following picture: "A sense of *tightness* or pain is first felt in the *frontal* region and in the eyes; confusion of thought, with giddiness, a feeling of intoxication and noises in the ears. The sight becomes confused, objects are seen as through a mist, or they are mistaken for different ones. Spectral illusions are not infrequent."

There is great *irritability* and *acute-ness* of the special senses; the mind is very easily influenced, even though he may be unable to give adequate expression to his thoughts.

*Throbbing*, *shooting*, *jerking*, *stabbing* characterize the pains.

Suddenness of appearance or disap-

pearance with intensity are equally prominent types of the sensory manifestations. **Oversensitiveness.**

**Summary—Delirium, with great excitement and inability to control impulses.**

**Throbbing, shooting, jerking, stabbing headaches, with hypersensitiveness of special senses and tendency to sudden disappearance.**

#### CANNABIS INDICA.

**General Action.**—There are two varieties of hemp—the common variety, *Cannabis Sativa* (Americana), and that growing in Asia, especially India. Efforts have been made to secure soil and climatic conditions similar to that of India for the purpose of determining the actual cause for the differences in the actions of these two plants, but the results have only been partially successful. "Hashish," the Arabian narcotic, is made from this drug.

**Cerebrum.** Its action seems to be focalized upon the brain. It produces a sense of *exaltation* of the peculiar *mental* characteristics of the individual. The sensations are pleasant as a rule, and the *exhilaration* almost reaches the state of ecstasy. It borders on the line of *somnambulism*, and a *cataleptic* state has been produced by the fakirs. It more closely simulates the *clairvoyant* state in those of a susceptible type. We get from this the fact that its field of action is limited to the *mental* temperament and to those who are peculiarly susceptible to mental impressions. Thoughts crowd upon the person with almost lightning rapidity and, like the phenomena of dreams, a moment of time seems like the passing of hours.

#### CINCHONA.

**General Action:** There is a difference of opinion among investigators

with reference to the medium through which *Cinchona* acts upon the human organism, but an analysis of the experiments convinces us that all the varied expressions can be explained by a study of the distribution of the cerebro-spinal system.

The center is located in the *madulla oblongata*, and when we consider the fact that this contains the centers for the *spinal accessory, vagus, glossopharyngeal, auditory, facial* or *seventh, sixth* and *fifth* nerves, it is not difficult to understand that a wide divergence of symptoms may arise from a limited source.

Every student of the action of *Cinchona* evades a direct, positive reason for its peculiar action. This must be due to the fact that under prominence is given to the subject of bacteriology and *effect* is often mistaken for cause. Every one recognizes the fact that *quinia* has the property of destroying infusoria and the lower forms of vegetable life. It is a protoplasmic poison, but this does not explain its action upon the nervous system. It may be a *muscle irritant*, but there is no evidence of a similar action upon nerve fibre. A characteristic of the drug is its *periodical, intermittent* type of pneumonia. In this we have an explanation that seems consistent with every phase of its action. It acts upon nerve centers as a *stimulant* and because of their highly organized construction has a special affinity for the *nuclei* located in the medulla. Sufficiently large doses will be followed by characteristic effects upon all portions of the body. This will be enlarged upon when we come to study its *special action*.

This *stimulating* is followed by a reaction usually of *short* duration which might be of a *paralytic* nature were its effects of a *permanent* character. This is not to be mistaken for the *primary secondary* action of other drugs because its *action* is more profound than the

reaction and the one *period* by an *apparent* state of repose. It is during this state of repose that the deep *constitutional* effects are going on through the *solar* plexus by means of the pneumogastric nerve.

**Cerebrum.**—In this drug we have another *cerebral* remedy. Its action seems to be centered upon the *base of the brain*. The distinction must be made between an *irritant* and a *stimulant* of nerve fibers or centers. Cinchona seems to be an *irritant* wherever its presence is made manifest. Upon the cerebrum we find intense *hyperæmia*. It does not give evidence of power to induce inflammation even in toxic doses. **Deafness, blindness and giddiness** are three characteristic effects. There is the **bursting headache**. Beating, pulsating in wave like motion. A sensation as if the skull would burst.

Other *mental* symptoms are so dependent upon effects in other portions of the body that we must postpone their consideration.

**Summary**—Sensitiveness of all nerves, with general weakness (Ars.) *Aversion to mental and physical work* (Ac. carbol.) **Pain** as after fatigue from a journey or exhaustion from hemorrhage. Intense *throbbing* headaches with great sensitiveness of scalp to slightest touch (Anæmic) and feeling as if skull would burst.

#### COFFEA CRUDA.

**General Action:** There is no question of the action of Coffea through the cerebro-spinal system. It is a direct *stimulant*. For the time being there is an actual increase in the physical as well as the mental *activities*. This is not increased strength because there is a reaction in which there is general muscular weakness and mental anxiety. Like all stimulants, the system becomes accustomed to its bracing influence and

suffers when deprived of its stimulus. Some people are very susceptible to its influence and as a consequence suffer from its stimulating effect as well as the depression that follows its action.

At first it increases the functional activity of the reflexes in the spinal cord and in the reaction there is corresponding depression. It is difficult to decide at all times whether the *stimulating* or *primary* effects are more important than the *depressing, tremulous, irritating* or *secondary* effects that follow as guides for the selection of a curative agent.

#### Special Action.

- I. STIMULATION—Cerebro spinal.
  - (a) *Cerebrum*—Mental, vascular, insomnia.
  - (b) *Spinal cord* (anterior columns.)
  - (c) *Respiratory center*—Pneumogastric.
  - (d) *Digestive organs*—Pneumogastric.
  - (e) *Circulation*—(Vaso-motor—Increased blood pressure.
  - (f) *Kidneys*—Diuretic—Urea diminished.

**Coffea Cruda.**—A cerebral *stimulant*. For the time being there is an actual increase of brain activity. It has a centric origin because all of the *mental* faculties show greater power. There is a like increase in the physical endurance, but like all stimulants, its reaction is greater than its action and there is as much danger from *coffee* intoxication as from that due to *alcoholic* stimulants. The *exhaustion* which follows is accompanied with extremely violent *neuralgic* headaches, in which it seems as if the brain would be torn in pieces. Similar to the action of *Ignatia*, it seems as if a nail were being driven into the brain. *Hypersensitiveness; obstinate insomnia.*

#### CROTALUS HORRIDUS.

**General Action:** The venom of the rattle-snake acts upon the cerebro-spinal

nervous system, when death follows within a short time after the injection of the poison. The effect is similar to that of a shock by lightning, in which there is a sudden arrest of the function of life. It involves the medulla. The *sensory* nerves and ganglia seem to be destroyed, hence the almost absence of pain in the provings of this poison, although the suffering or feeling of distress may be great.

Its general effect is most pronounced upon the blood and will be carefully considered under that heading.

**Special Action.**

- I. CEREbro-SPINAL—*Medulla*—Sensory nerves and ganglia destroyed.
  - (a) *Pneumogastric*—Throat, stomach, lungs.
  - (b) *Circulation*—Vaso-motor paralysis.

II. BLOOD—Decomposition, incoagulable.

III. SKIN—Jaundice, hemorrhage, gangrene.

IV. GLANDULAR SYSTEM—Fatty degeneration.

**Cerebrum**—*Delirium* with general prostration and more or less tendency to hemorrhage. There is oppression of the chest and a constriction at the throat somewhat similar to Lachesis.

The suddenness of the attack with the climatic conditions which make such diseases possible, point to the great field of usefulness of this remedy. Insipient senile dementia and possibly the delirium of some of our low forms of fevers, cerebro-spinal meningitis, diphtheria and diseases of that type will be suggested by the study of this remedy.

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LA GRIPPE.

D. H. SWOPE, M. D., BROCKTON, MASS.

The present epidemic of the "grip" does not differ from the same disease at former visitations, except, perhaps, it is not quite as severe as the epidemic of nine years ago. The same class of remedies cure now that have always been of use, viz: *Eupetorium perf*, *Bryonia*, *Gelsemium*, *Causticum*, *Rhus tox*. Thus far I have only used *Causticum*, *Gelsemium*, *Bryonia* and *Rhus tox*. *Gelsemium* seems to cure almost all the cases now. I cannot determine which potency does the best work. 2x 50th or 200th all work rapidly and perfectly when the symptoms of *Gelsemium* are present.

**Gelsemium.**

James F., aged 11, school boy.

Complained for two days of severe headache.

Appetite diminished during these two days.

I saw the case on evening of second day.

Boy sitting with his back towards

stove and very quiet.

He was doubled up like a jack-knife, with red face.

Severe headache.

Eye-lids heavy.

Very tired feeling.

Head felt big as a drum, (his own words.)

Dizziness when he walked.

No thirst.

Temperature, 101.5; pulse, 96.

Heat and coldness alternating all over body.

Tongue coated yellowish all over surface.

Tongue trembles when protruded.

*Gelsemium* 2x ten gts. in half a tumbler of cold water; one teaspoonful every two hours, when awake.

The following morning pains all > Temperature normal; also pulse.

Boy said he felt all well, except he was sleepy.

*Sac lac* for twenty-four hours.

On the following day the boy returned to school.

#### Gelsemium.

A Jew man, 36 years of age. Occupation: Delivers groceries.

January 8, 1901.

Worked all day as usual, but felt frequent chilliness over back. Felt sore and lame later in evening; could not eat supper; retired at 7:30. Wife states he was very warm and delirious all night. The following morning of January 9 I saw him, then the condition was:

Temperature, 103.3; Pulse, 126, but soft.

Respiration normal and no cough. Face dark red.

Eyes red, with a dull look.

Headache severe.

Head feels too large.

Hot and cold by turns.

Aches all over, < in lumbar region.

Tongue trembles and coated dirty yellow.

Offensive odor from mouth.

Anorexia.

No thirst.

Does not wish to be disturbed by questions.

Says he will be all right as soon as his head clears up.

*Gelsemium* 30th in water; teaspoonful every two hours.

January 9, 1901. 9 o'clock p. m.

Patient feels much >

Temperature, 100; pulse, 86.

Head aches but slight.

Pains and soreness all >

*Sac lac* in water; teaspoonful every three hours while awake.

January 10, 1901.

Temperature normal; pulse 68.

Says he is all right, except he feels a little shaky. He was kept in his room until the following morning, when he returned to his work. Was it correct to

give the *Gelsemium* every two hours? Would a higher potency, say <sup>m</sup> in the single dose, have done better work?

#### Gelsemium.

Mrs. W. A., aged 20.

January 11, 1901.

Saw the patient at 9 o'clock p. m. She had a cold for past few days, but kept about her duties as housewife. During this morning she

Began to ache all over, < in lumbar region.

Hot and cold by turns, < on back.

Chills run up and down the back.

Heat comes to face and chest in flashes.

Severe frontal headache, with red face.

Complains of feeling all tired out. (She said it did seem as if she never could do any more housework.)

Fluent, bland discharge from nose with frequent sneezing.

Tongue coated yellowish; trembles when protruded.

No thirst and no appetite.

Temperature, 102.8; pulse, 120 and soft.

Respiration normal.

*Gelsemium* 30th in water; dose of one teaspoonful at intervals of two hours during the night if she should remain awake.

January 12, 8 a. m. Patient's greeting: "Well, Dr., my courage has returned." Said she felt better in every way.

Temperature, 99; pulse, 84.

Respiration normal.

*Sac lac*, 2 hours.

January 12, 6 p. m.

Feels well enough to get up.

Menses appeared during the afternoon and for this reason she was kept in bed until the following afternoon, when she was discharged as well as ever, and

cheerful, which is her natural temperament or mood.

Any suggestions or comments will be appreciated by me. I realize that when the patient recovers, and that quickly, too, the treatment is not always what it should have been. Hence I like to have my cases picked to pieces, because it will help to make me a better prescriber for my future patients.

—————  
**Gelsemium.**

My experience has been the same from the time of my first case to the present time. When the disease first made its appearance in its most fatal form in Germany, if I remember right, thirteen years ago, I had a German servant girl. While she was with me several of her friends and relatives died with that, then unnamed disease. In writing to her, her sister described the symptoms at length. I thought if the disease was to appear here I would like to be prepared to meet it with a remedy that was homœopathic to it. It was long before I had seen even the outer walls of a medical college, but I treated the members of my own family and many of my friends.

I took my *materia medica* and after studying and comparing the different remedies, decided *Gelsemium* was the clearest indicated in the symptoms given to my German girl.

When the grippe appeared I used that remedy with all the success I could ask for, and it has been my remedy for that disease.

I use it low—about one-fourth mother tincture to three-fourths alcohol well shaken; about ten drops to half a glass of water, or on disks; dose, once in fifteen minutes for three doses, then once in half an hour for three doses, then once an hour until nauseated. That is usually sufficient.

People say I cure so quickly because

I do not have real cases of grippe. However, they have all the peculiar symptoms to begin with. Very truly,

Dr. LETTIE C. MANSUR.  
Santa Ana, Cal.

—————  
**Magnesia phos.**

Fred F., aged 19. Shoemaker.

History of case: When a child of three years had diphtheria, for which he received allopathic treatment. From this he seemed to recover, but slowly. When he was allowed to walk it was noticed that locomotion was difficult. This increased gradually until there was almost complete paralysis of both legs. At this time he complained of much pain in legs. He received much and varied treatment for two years, with complete recovery from the paralysis. Since that time he has been sick often. Overwork or loss of a few hours sleep will bring on an attack of pains in both limbs from hips to ankles. This pain is simply awful and produces a semi-unconscious condition.

January 3, 1901.

He had not felt well for two days, but went to his work as usual, although he ate no breakfast.

He was forced to quit work about 9 o'clock a. m. on account of severe pains in both legs; < along the fibular region.

I saw the case at noon. Then the following symptoms were elicited.

Splitting frontal headache, < on motion.

Mouth dry; thirst, but afraid to drink for fear he would vomit, which he did once before he left his work this morning.

Pains all over body and limbs.

Pains < outer side of leg and at a point just below the knee.

Pains continuous, but < in paroxysms at about half-hour intervals.

Thinking this a case of "grip" and with the above list of symptoms, I gave *Bryonia* 3x ten drops in half tumbler of cold water; teaspoonful every hour, with instructions to lengthen the interval to three hours when improvement began.

January 4, 1901. Patient much <.

Said he had put in an awful night.

Had not slept a wink.

Temperature, 103.4 pulse, 120.

Respiration normal, except during a paroxysm of pain, then it became very rapid and short.

I was unfortunate enough not to see him during one of the severe paroxysms. He knew nothing of his actions after the pain reached its acme. His mother gave this description:

Become uneasy as the pain increased.

Tumbles about in bed or on floor.

Grasps his legs with all possible force.

Face very white and pinched.

Patient said pain was > from hard pressure and heat.

Pains were now of a more intermittent character, with some rest between the paroxysms.

Pain followed course of sciatic nerves in both limbs.

All the symptoms of the previous day were < except headache, which was not splitting now but a general ache all over head.

*Magnesia phos*<sup>200</sup> powder of twenty globules in  $\frac{1}{4}$  tumbler of water; teaspoonful every twenty minutes until the time for next paroxysm had past, then one teaspoonful after every paroxysm.

12 o'clock same day.

Had two paroxysms after the *Magnesia phos.*, but both were much lighter. No more pains and no more medicine.

Temperature was normal when I visited him at noon.

He finished the day on *Sac lac* and re-

turned to work Monday morning well as usual.

#### *Nux vomica.*

Alton G., aged 20 years. Shoemaker by occupation.

January 17, 1901. Did not feel well but kept at work all day.

Headache, < frontal part, with rush of blood to head.

Photophobia painful.

Heat, with rush of blood to face and head.

Aching all over body, < while sitting.

During the evening all the symptoms were <, with sore scraping in throat.

Slept very sound all night, with profuse perspiration all over.

January 18, 11 a. m. I saw the case.

Temperature, 99.4; pulse, 56.

Respiration normal.

Face and eyes red. .

Eyelids swollen.

Photophobia < with profuse flow of tears *only when closing the eyes.* (Lachrymation.)

Headache frontal.

Scratching and scraping in throat more than last evening (this symptom is < breathing through the nose.)

Nose obstructed.

Lips dry and brown.

Tongue has a dirty, yellow coating, and swollen slightly.

No thirst.

Hungry, but appetite leaves as soon as he sits up in bed.

Sweating continues profuse.

Least motion of bed clothes or of a limb sends a chill all over body.

Headache > when eyes are closed.

< as soon as he opens them.

Pain in head is throbbing and frontal.

*Nux vomica*<sup>200</sup>. One dose dry on



tongue, with instructions not to give any more medicine as long as improvement continued.

January 19, 11:30 a. m.

Temperature, 98.1; pulse, 55.

Respiration normal.

Patient much better in every symptom. > was marked in half an hour. Swelling of eyelids and nose all gone. The obstructed nose was > in less than an hour. Patient said he was all right in middle of p. m. and got up and dressed. Diarrhœa was painless; stool out of all proportion to amount of food and drink taken. Twenty minutes after the dose of *Nux vomica* there was a watery discharge from bowels, this was followed by two more movements later in day and two more of same character morning of 19th. He was given one *Podophyllum* dry on tongue. This finished the cure and Monday morning, January 21st, he returned to work well. What was the cause of the diarrhœa?

#### Lachesis—Rheumatism.

Mrs. L., age 20. Inflammatory rheumatism of left arm and leg. Had been under allopathic treatment for more than three weeks and growing worse on salicylic acid.

Found her in following condition:

Left arm drawn tightly to side, fingers clenched; left leg drawn and foot drawn in; suffering intense pain; crying and said she wanted relief, but never expected to be well; sick stomach; no appetite; fever 103; very talkative. < from touch or least pressure; couldn't bear weight of clothes or collar buttoned. Said she never could wear collars as other ladies did, always wanted plenty of room and thought strange I questioned her about her collar, as no other doctor had done so. No sleep for several days. < sleep. Said, "Doctor, I hate to go to sleep; always suffer, so I try to keep awake." < left side.

*Lachesis*<sup>30</sup> (B.&T.) promptly relieved the fever. She says the first dose gave her some relief, and slept better that night than she had for several nights. I changed the remedy to suit the symptoms next day without effect. *Lachesis*<sup>30</sup> and 6x was then resorted to to relieve the awful pain she was having, but she did not get relief until I gave her *Lach*<sup>3cm</sup>, which was followed with such marked improvement she said, "I think you are a wonderful doctor." About the fourth day she could stand, and on the tenth day she left for Dallas almost entirely well, except a crooked finger.

G. F. THORNHILL, M. D.

Paris, Texas.

#### Acetic acid—Dropsy in Scrotum.

Dr. B. L. Hotchkiss, in the November *ADVOCATE*, says: "Acetic acid undoubtedly has a more important place in the medical armament than is generally ascribed to it." Will give you a case—my first experience with this drug.

James Henry W., age 13 months; light hair, very fair complexion, at times a waxen hue. Has suffered all his life with deranged bowels. However, until eight months of age he was fat and chubby. From the mother's description I would call him a *Calcarea* patient. Last June he got much worse. His mother spent the summer in Eureka Springs, hoping to restore the little sufferer's health, but in spite of the change of water, etc., and the attention of a good Homœopathic physician, he improved very little. Returned to Paris and fell into my hands September 21st.

His bowels were in a fearful condition, offensive diarrhœa and couldn't retain anything on his stomach; very much emaciated, couldn't sit up but with the assistance of such remedies as *Calcarea*, *Arsenicum*, *Apis*, etc. According to indications, there was a gradual improvement until latter part of October

he took cold and all symptoms were aggravated. Dropsy soon made its appearance in the scrotum and lower extremities, which grew worse every day in spite of the remedies. Two or three good prescribers were consulted, all with unfavorable prognosis. Farrington suggested *Acetic acid*. He said it seemed to act between *Arsenicum* and *Apis*. Having prescribed both these remedies, with some degree of success in the case, I had hopes of *Acetic acid*, and after looking up the remedy in *Hering's Condensed* and others, I felt sure of success, as it covered nearly every symptom. It was prescribed in the 30th (B. & T.) and I never had more gratifying results. In two days the dropsy had almost disappeared, bowels much improved, good appetite and retained all of his food. His recovery seemed to be complete until he caught cold (la grippe) and relapsed. Strange to say *Acetic acid* cured the dropsy and stomach trouble, but didn't have the slightest effect on bowels after this relapse. *Calc phos.* cured.

G. F. THORNHILL, M. D.

Paris, Texas.

#### **Lactuca virosa—Weight in Chest.**

October 28 was called to see Miss R. Found her in bed. Pulse weak; no temperature; a dry, irritating cough, accompanied by a feeling of "weight on the chest." Both cough and sensation of weight aggravated by leaning forward and by motion. Patient said she had taken cold; limbs felt heavy. I gave her *Bryonia*. The next morning she was out of bed, but said she could not bear the awful sensation of weight on her chest. This was aggravated by leaning forward. The cough was no better. At Dr. Kendall's suggestion I gave her one dose of *Lactuca virosa*<sup>200</sup> and she said that relieved her almost immediately. The next morning I gave her one more dose. The sense of weight and the cough

disappeared. The patient went to a dance that evening cured.

LILIAN FOLINSBEE, M. D.

Detroit, Mich.

#### **Borax.—Convulsions**

November 25th, 1900. Ray M. Convulsions every two or three hours during whole day. *Belladonna*, *Cina* and *Cuprum* were tried, one after the other. Cold, wet cloths on head; bathing feet in warm water, even hot water; frequent warm baths—all were tried faithfully with no avail. 10:30 p. m. I personally superintended his hot bath. He was then having his sixth convulsion and as I carried him to the bath room he clutched my hands and arms as if in fear, and showed more terror as I lowered him into the water. I remarked to the mother, "I know what this boy needs," and at once gave him a dose of *Borax*<sup>m</sup> (my bottle of 2nd was empty) and in ten minutes he was asleep and had no more spasms.

HENRY NEVILLE.

Jamestown, N. Y.

#### **Lycopodium—Broncho-Pneumonia, or Capillary Bronchitis.**

Harold L., aged 2½ years. December 12. Was called to attend above case. Patient had been ill for seven weeks under care of Dr. —, (allopath.) I was informed that he had suffered from dysentery, with ulceration of the bowels; later he was taken with whooping cough, which became complicated with a serious lung trouble. I found him cyanotic, unable to lie down; respiration, 80; pulse, 140; temperature, 103. Pain in both sides of chest, causing frequent crying out and grunting at every breath, countenance drawn and had a look of suffering. He had frequent paroxysms of cough, with whooping and vomiting; cough loose, rattling, choking, with copious expectoration of thick, heavy, dark green mucus.

Auscultation revealed broncophony areas of dullness moist and crepitant rales.

There was much exhaustion and increased dyspnoea after coughing.

All his symptoms, save chest pains, were much < afternoons and evenings. The fever was followed by much perspiration during the latter part of the night.

Pains in chest < after midnight and during the following forenoon.

In some respects he improved for 48 hours under *Bryonia*, but the fever and dyspnoea were even worse during the afternoon and evening. I then gave *Belladonna*, with no improvement, for 24 hours. At this time the prognosis became exceeding grave. On the fourth day I gave *Lycopodium*<sup>cc</sup> and at once there was marked relief of the lung complication. I continued the remedy at lengthening intervals for four days, and save the whooping cough, which is improved, I had the satisfaction of seeing my patient cured.

HENRY NEVILLE.

Jamestown, N. Y.

#### **Lycopodium—Pneumonia.**

Was called in haste about 5 o'clock p. m. on the 7th of March, 1900, to see Baby Lucas, aged six weeks, who had been suffering with an attack of right-sided pneumonia. Upon reaching the house the mother met me at the door, with tears in her eyes, and led me to where the father sat holding the little sufferer on a pillow. The breathing was very labored, which was evidenced by a rapid fan-like motion of the alæ nasi. Cyanosis was marked. The opposite side (left) was also becoming extensively involved in the congestive process. I hurriedly dissolved a few drops of *Lycopodium* 23x in some warm water, which the patient received in drop upon the tongue every few minutes.

Thirty minutes seemed hours to all of us, but at the end of that time it was evident that the blood was getting more oxygen, as cyanosis was disappearing and the breathing gradually growing less laborious. In a few minutes more the little fellow opened his eyes and began looking around. The blue discoloration of the skin had disappeared entirely. The little nasal wings were flapping less violently and the gale was over. I left some *Lycopodium* to be given upon the recurrence of the symptoms, also plenty of *Sac lac*, to be administered at stated intervals. The symptoms did not return. *Placebo* completed the cure.

I discovered before leaving the house that the mother had, the day before, noticed a brick dust deposit upon the diaper, but none had appeared that day.

The little fellow began to get worse that afternoon at about 4 o'clock, which fact, together with the fan-like motion of the alæ nasi and the red sand, called unmistakably for *Lycopodium*. Another symptom, or condition, which pointed to the remedy given was extreme emaciation, with a withered, wrinkled appearance of the skin.

Again, on December 23d, the mother brought the boy to my office, just as I was preparing to go on my holiday vacation. The symptoms were very much the same as before, except that cyanosis and emaciation were not present. Pulse rapid; temperature 104 degrees in the axilla; respiration quick and evidently painful. I gave her *Lycopodium*<sup>5000</sup> and told her not to wait, but to call another physician if the symptoms did not abate speedily. I also ordered a poultice of antiphlogistine, which I think was useless. Upon my return, I was surprised to learn that recovery had been prompt and that no other physician had been called. I believe that

the few drops of watery solution, administered during the first attack, not only cured the pneumonia, but also removed the existing conditions of malnutrition, for now, nine months later, the baby is as plump as a partridge. Is this giving the remedy too much credit? I think not, for was not that old, withered, wrinkled appearance just as much a part of the picture as the more acute symptoms? And who can know the depth of action of such a remedy as potentized Blue Moss when administered in accordance with our immutable law of cure?

#### **Kali bichromicum — Naso-Pharyngeal Catarrh—Chronic.**

Miss A. J., aged 23. Sick three years; gradually losing her sense of taste, smell and hearing. Ozena so bad she seldom went in company. A good singer, but has lost her voice for singing. Throat and nasal passages seem filled up; blows thick, greenish, yellow plugs from the nose; thick, ropy, tough discharge from posterior nares, difficult to dislodge; snoring respiration, must breathe through her mouth; constantly clearing her throat; tightness at root of nose. *Kali bich*<sup>m</sup> cured in four weeks.

HENRY NEVILLE.

Jamestown, N. Y.

#### **Kreosotum—Vomiting.**

I have had occasion to state at different times the beneficent action of *Kreosotum* in symptomatic vomiting of an organic affection of the stomach. Moreover, *Kreosotum* is perfectly Homœopathic to these conditions. In fact, in consulting the pathogenesis of this remedy, we see that it provokes nausea, vomiting, thirst, dryness of the tongue and a certain hardness in the region of the cardia with sensibility to the touch. All these symptoms are evidently the index of deep troubles anala-

gous to those which exist in cancer of the stomach.

In the two clinical observations that I propose to describe in detail, the treatment has not produced, it is true, a radical cure; nevertheless these observations present a certain interest, for they prove that it is often possible, in an incurable affection, to relieve the patient and to prolong his existence by the aid of a suitable Homœopathic remedy.

*Case 1.*—In November, 1889, my late father and I were called to a patient whose state was considered as desperate by the physician in charge. These are the indications that the family desired to make to us.

Mrs. J. was a woman of 48 years, mother of seven children. She had never had robust health; however, she was endowed with a certain *embonpoint* that gave her the appearance of a very healthy person. She had had since infancy a great susceptibility of the stomach, for the least deviation of regimen occasioned indigestion. Among her ancestors existed no trace of an affection like that by which she was disturbed. It was especially toward the time of menopause that the dyspeptic troubles commenced to be indicated in a very marked manner. Then digestion became slow and difficult and was accompanied by pains in the stomach, and constipation; thereupon soon followed nausea and vomiting of alimentary and mucous matters. The patient consulted various allopathic physicians, but the numerous medicines that she absorbed only aggravated the situation.

During the summer of 1889, the gastric affection took a character of exceptional gravity. There was produced at different times black vomiting, and emaciation made frightful progress. The treating physicians, who were assisting a professor of the university,

announced then the presence of a tumor in the gastric region; they made a diagnosis of cancer of the stomach, and declared that they had little hope of saving the patient.

Under these circumstances the family decided to try Homœopathic treatment.

When we saw the patient for the first time, she was in a state of extreme exhaustion; her face was emaciated and yellow, her eyes dull, her pulse feeble and accelerated, her tongue white with a tendency to dryness. There was œdema of the ankles.

The weakness was so pronounced that the patient could not raise herself, and answered in a low voice questions that were put to her. The abdomen was very much distended. Upon palpation we discovered easily a tumor, rather large, hard dented, little sensible to pressure, lying in the anterior part of the stomach. The urine was thin and sedimentary, the constipation was intense. The patient could not retain any nourishment; milk added to vichy water, that they gave her in teaspoonfuls, was immediately expelled. This was, in a few words, the precarious state of Mrs. J. when we were called to her assistance.

My father was a convert to Homœopathy. He never despaired of relieving or of curing his patients, even in the gravest cases, for a long practice of Homœopathic medicine had given him strong faith in the efficacy of the remedies. However, when we were in consultation, he was not at all reassured about the issue of the disease. As for me, I had little hope. The principal indication in the emergency was to stop the vomiting that exhausted the patient and threatened to make her perish of inanition. We administered *Kreosotum*, two drops in a teaspoonful of coffee every two hours.

The next day we learned with a very

comprehensible satisfaction that the patient was a little better; she had been able to keep some teaspoonfuls of milk as well as medicine.

We continued the same remedy for some time, with an unhopèd-for result. The fourth day the vomiting had diminished greatly; the patient was taking already a pint of milk and two cups of bouillon. The tenth day vomiting ceased nearly completely, and we were enabled to increase the quantity of nourishment. Constipation was met advantageously by bathing with linseed or glycerine.

After fifteen days of this treatment, we decided to cease *Kreosotum* and give a remedy in view of stopping the development of the tumor and of re-establishing the functions of the stomach. The principal remedies administered were *Phosphorous*, *Condurango*, *Hyarsitis*, *Arsenic* and *Nux vomica*. Besides, the patient had always at hand her little flask of *Kreosotum*, and a few doses of this medicine sufficed to stop the vomiting which was produced from time to time.

Under the influence of this treatment, the condition of the patient became better from day to day. Digestion became easier, the stools more regular; appetite and strength had increased considerably. It is extraordinary that Mrs. J. lived nine years with this tumor of the stomach, without its undergoing an appreciable change of volume or of consistence.

In the course of these nine years she had frequent and terrible crises of vomiting which most often followed changes of diet; but each time this vomiting was stopped by some doses of *Kreosotum*. Besides these crises, her state of health was rather satisfactory, to the great astonishment of her neighbors. Digestion was, it is true, very painful, and was accompanied by pain, pyrosis, and flat-

ulency, her color was still yellowish: there was still fatigue and breathlessness on the least exercise, but on the whole nutrition was so regular and so complete, that in 1892 she weighed 198 pounds, 102 pounds more than 1889. She was accustomed to pass her summers in the country, which excersised a favorable influence upon her digestion; sometimes for entire months she stopped her treatment, she felt so well.

In the month of January, 1898, she was taken suddenly with violent indigestion at the end of a very rich repast. Black vomiting was produced, without being stopped by *Kreosotum*, *Hamamelis* and other remedies. There followed a state of weakness and extreme prostration which made us presage a fatal termination with brief delay. Dr. Marteny, of Brussels, summoned in consultation, could only state the desperate condition of the patient who was already cyanosed and moribund. *Carbo. veget.*, administered as a last resort, produced no effect, and death came a few hours after consultation.

I have given a detailed story of this case, for the beneficial influence of *Kreosotum* and other Homoeopathic medicines appeared in a striking and undeniable manner.

*Case II.*—I have observed a case nearly analogous in my service of the Bureau de Brenfaisance. In the month of January, 1895, a man of 50 years consulted me at the dispensary for vomiting with which he had been effected for several weeks. He was a workman, a bachelor and great drinker of alcohol. His figure bent, his gait uncertain, his face thin and yellowish, marked trembling of the hands, all announced, all showed a shattered constitution. Gastric troubles had commenced some years since, and were characterized by impotency, acute pains in the stomach, thirst and constipation. All these symp-

toms were quickly aggravated, and five days before his visit to the dispensary he was suddenly taken by vomiting of black blood. Since that time he produced, nearly daily, several hours after his meals, alimentary matter mixed with mucous. When I showed my astonishment that he had not sought relief sooner, he said that each time he suffered from his stomach he took a little glass of gin; this calmed him at once. But today, seeing that the little glass could not stop the vomiting, he had been forced to seek the aid of a physician. An examination of the abdomen revealed an induration, clearly characterized in the region of the pylorus. I made the patient understand that his affection was serious and that he could use alcoholic drinks only with extreme moderation. I think in this case that absolute interdiction of alcohol, besides that it would not have been observed, would have produced a notable aggravation of gastric symptoms; this is frequently seen among alcoholics that are deprived abruptly of their favorite drink. Then I prescribed *Kreosotum* 3x and an appropriate diet. Four days later the patient came to tell me that he was getting better and that the vomiting had sensibly diminished. I continued *Kreosotum*. I did not see my patient until three months later. He had been comparatively well during this lapse of time; vomiting had been rare, and, as usual, he had overcome his pain in the stomach by some little glasses of gin. However, for several days he had commenced to vomit with a certain violence. I gave him *Kreosotum* 3x which at length succeeded in relieving him at the end of several days. During four consecutive years the patient returned to consult me at intervals of two or three months, when vomiting became too persistent, and each time *Kreosotum* relieved him with an astonishing rapidity; when one

day towards the end of February, 1900, I was called with urgency to his house, he had been taken suddenly with many very abundant hematemeses, which had exhausted him considerably. Since he had no one to care for him, I was obliged to have him carried to the hospital, where he died some weeks later.

This is an interesting case, for it proves that in spite of the pernicious action of alcohol, *Kreosotum* was able to display its beneficent effects.—Dr. Lambrichts, Anvers, Belgium. (Translated for *America Medical Monthly* from Journal Belge d' Homœopathie).

## THERAPEUTIC HINTS.

M. E. DOUGLASS, M. D., BALTIMORE, MD.

*The little finger* can be used in taking a delicate pulse when it would be impossible to readily recognize it with the fingers ordinarily used.

*In vertigo*, if the patient is attacked when lying in bed; and if in turning to one side or the other he has vertigo as if the bed were floating, *Conium* is the remedy.

*Silicea* has vertigo when turning the head to the left while lying in bed.

*Echinacea*. — Puerperal septicæmia; discharges suppressed; temperature high; abdomen sensitive and very tympanitic; in all purulent and septic conditions whether contagious or infectious. In this condition *echinacea* should have the first place.

*Convulsions* may be frequently cut short like magic by turning the patient on his left side. The nausea is an after effect of chloroform or ether narcosis may be generally controlled in the same manner.

It is well to remember that a *headache* commencing in the neck, passing over the head and settling in the eyes, with the face dark red, and a feeling as if there was a hoop around the head, can be cured by *Gelsemium*.

*Staphysagria* should always be in the mind of the surgeon when severe pain follows an abnormal operation.

*Blinding Headaches*.—Blindness accompanying or as a precursor of head-

ache, is found under several drugs. *Gelsemium* has it quite marked. *Kali bi.* has the peculiar symptom of blindness preceding headache, but, as the headache grows worse, the blindness disappears. *Causticum* has blindness, with headache, differing from *Kali bi.* in that the blindness does not diminish as the headache increases. The blindness of *Silicea* comes on after the headache. There are some others, *Natrum mur.*, *Iris vers.*, and *Psorinum*, having blinding headache. These six drugs will most often be indicated in blinding headaches.

*Kali phos.* is an excellent remedy for the effects of nervous strain; literary workers who are suffering from brain-fag; complain of being worn out and unable to think.

*Naja tripudians* is valuable for the dry, teasing cough which often accompanies valvular diseases of the heart.

*When chilly from exposure*, breathe very deeply and rapidly and the increase in bodily warmth will be surprising.

*Yellow spots* on the chest call for *Arsenicum*; claret colored spots for *Sepia*. A yellow saddle across the nose indicates *Sepia*, a red one *Sulphur*.

*Vomiting* after the administration of chloroform may frequently be prevented by replacing the inhaler with a linen cloth steeped in vinegar, it to remain over the face for some time.

*The overtaxed hearts* produced by the long continued violent exercise of bicycling is best relieved by *Arnica* for the immediate; and *Phosphorus* for the remote effects.

Babies that sleep all day and cry all night are frequently cured by *Lycopodium*.

*Burning of the spine* is characteristic of *Phosphorus*.

*People who have weak hearts* should always have their principal meal in the middle of the day, and with as little water as possible.

*Many a woman's ruin* is due to the old idea that a woman can safely leave her bed on the tenth day after confinement.

*Cimicifuga* in dismenorrhoea is valuable when the menses are scanty and delayed with much depression of mind, and nervousness at that period.

*Crude petroleum*, poured upon a burned surface and covered loosely with cotton, will subdue the pain almost at once.

*Black pins* in surgical dressings are preferable because they will not rust, and can be more readily seen when they are to be removed.

*Strong Spirits of Ammonia* applied to the wounds of snake bites, or rabid animals is better than any caustic. It neutralizes the virus.

*In post-partum hemorrhage* try tying a piece of strong webbing tightly above the knees of the patient.

*Carbolic acid poisoning* can be quickly cured by giving cider vinegar diluted with equal parts of water in half tumblerful doses every five or ten minutes for a few times.

*Spigelia headaches* are always worse from noise, a jar, or thinking. Commence in back of head in morning, and spread upward and forward to left side.

Increases till noon, then gradually subsides until evening.

The hypodermic syringe is a good and useful instrument—to leave at home.

*To keep the hands soft* after using plaster of Paris, carbolic acid, etc.; an application on going to bed, of ointment composed of melted beeswax, tallow and sweet oil to the hands, will soften them in one night.

*Cocaine poisoning* is antidoted well by strong coffee.

*When a chill occurs at 10 A. M.*, as a result of hectic fever or phthisis, *Stannum* is the remedy.

*Vinegar* has been successfully used as an antidote for intoxication.

*Helonias* is indicated when there is marked sensation of soreness and weight in the pelvis.

*Vomiting of pregnancy* not yielding to ordinary treatment, should call for an examination of the uterus, as displacement is probable.

*A daily sponge bath* is necessary for the pregnant woman, in order that the skin does not become inactive and throw its work upon other organs already severely taxed, especially the kidneys.

*A dose of Nux Vomica* in the 200th potency, given to a person who has unpleasant memories of last night's outing, especially if whiskey was the drink, may surprise you by the promptness of its action.

*Sepia* in its amelioration by rapid movement, running, violent motion. stands alone. *Pulsatilla* has improvement by slow motion. *Ferrum* has the same amelioration. The *Rhus tox.* patient must move, he cannot bear the severe exertion that characterizes *Sepia*.

*Drowsiness, Dullness and Dizziness*, three D's, suggest *Gelsemium*. when



combined with soreness of muscles and absence of thirst; great prostration and remission of symptoms.

*Potassium permanganate* is an efficient antidote if taken while morphine is still in the stomach. Grain for grain it will completely decompose morphine.

A typhoid fever patient will do well upon a diet of rice water, and will live upon it for six months if necessary.

*Tobacco heart* has a good remedy in *Gelsemium*, where there is a decided irregularity and intermittency of beats.

*Ice applied to external genitals*—the scrotum in men, the labia in women—is said to be the best and simplest method for controlling blood spitting and nose-bleeding.

*Anacardium* is of value in weakness of memory and brain power from over-study or other overstrain of the brain and nerve power. In young men and women who have been studying over-hard for examinations, and when they discovered the overstrain and were afraid of the results in the examination, *Anacardium* seems to pull them together mentally.

A baby may be filled up to the neck with milk and still be hungry.

When the pregnant woman, during the last two or three months, complains of any form of headache, test very carefully for albumen and urea.

*Causticum* is more efficient in the lying-in chamber than ergot or the forceps, when the delay is caused by inertia of the uterus. If the woman will make no effort to expel the child, a dose of *Causticum* 30x will often cause good pains to come on.

*Drosera* is indicated for a harrassing' titillating cough in children at night as soon as their heads touch the pillow, but not all in the daytime. *Conium* is also a remedy for cough, with aggrava-

tion as soon as the head touches the pillow. But it has a troublesome cough during the day.

*Tarantula* has to its credit the cure of two cases of chorea in children in which the symptoms continued during sleep.

In prescribing infant foods it is worth remembering that rice is an astringent and farina a laxative.

When sweet milk coagulates in the stomach, try buttermilk.

*Epilepsy* from suppressed eruption has been cured by *Kali mur*.

*Alumina* is often the remedy in the constipation of baby-food-fed babies.

Children who wet the bed during the first sleep, and sleep so soundly it is almost a stupor they are so difficult to awaken, may be cured with *Kreosotum*.

A strip of flannel wrung quickly out of hot water and applied around the neck of the child that has the croup will sometimes bring relief in a very few minutes.

A towel dipped in boiling water, wrung out rapidly, folded to proper size, and applied to the abdomen, with a dry flannel over the hot towel acts like magic in infantile colic.

In puerperal convulsions, when the spasms are apparently under control, look for a return of the spasms if the pupil remain contracted.

*Capillary bronchitis* is very often a complication of measles. Now, if you remember that *Chelidonium* covers these conditions in a vast multitude of cases, you will have but very little trouble in their treatment.

*Cundurango* is of use in very hard, painful tumors of the breast, associated with ulcers in the corners of the mouth; this soreness and cracking in the corners of the mouth is characteristic of the drug.

## A MODERN PROVING.

So recently as in our obituary notice of the late Sir Henry Acland, we were commenting upon the desire for certain knowledge on the subject of drug-action upon the healthy, as from time to time expressed by men of light and leading in the school of traditional medicine, and upon the fact that such desire had not led to any definite or useful result. As happens not infrequently, the reproach of corporate inaction has been removed by private and individual effort. In the fasciculus of the *Journal of Physiology*, issued August 29th, 1900, we find an account of a most interesting experiment made upon two approximately healthy men, to determine "the influence of sodium salicylate on general metabolism."

It will be generally remembered that the function of this drug with regard to the output of uric acid has been the subject of wide differences of opinion; some holding that the elimination was increased, others that it was diminished, by the drug, while Latham held that the very formation of uric acid was inhibited by the presence of salicylates in the body. A similar divergence of views obtained concerning the elaboration and excretion of urea. It was to settle these important but "still-vex't" questions that Dr. Goodbody, Assistant Professor of Pathological Chemistry to the University College, London, carried out the experiments under notice in the laboratory, helped to that end by a grant from the British Medical Association.

There were two subjects or provers. The first of these "had a tendency to excessive secretion of uric acid as well as a tendency to gravel"; the second was free from any tendency to such troubles. It is instructive to notice how much of the pains expended upon the experiment was devoted to obtaining results free from the suspicion of accident. The subjects were weighed, the

quantity of water taken was controlled, their diet was weighed, analysed, and (as regards the meat) sterilized. The urine was collected, measured and estimated as regards specific gravity, total nitrogen, urea, uric acid and ammonia. The fæces were collected, weighed, dried and analysed quantitatively as regards water, nitrogen and fat. The amount of muscular exercise that was taken during the experiment was equalized as far as was possible. The preliminaries were carefully carried out for six days and the results noted. It will readily be seen that valuable *data* for comparison were provided, for not only was the actual output of the various components of secretions with and without the drug comparable, but it was also possible to determine the variations in absorption of fat and nitrogen respectively under the two conditions. With what scrupulous care the diet of solid and fluid was treated, may be gathered from a glance at the tables provided as an appendix to Dr. Goodbody's paper. It will be seen that the quantities of nitrogen, fat and carbohydrates, as well as of fluid, were kept absolutely without deviation throughout.

Their normal standards in the different particulars under the standardized diet, having been determined by observations during six days, the first prover proceeded to take one gramme of sodium salicylate divided into three doses, taken after meals, for a period of four days. Thereafter he took double the quantity of the drug for nine days; diet and exercise being maintained as before. *B*, the second prover, took two grammes of the salicylate for nine days.

Such being a resume of the conditions of the experiment, we may turn to the results.

| <i>Urinalysis.</i> —              |      | <i>A.</i> | <i>B.</i> |
|-----------------------------------|------|-----------|-----------|
| Average quantity in c.c.          |      |           |           |
| Normal period.....                | 1492 | 1255      |           |
| Under 1 gramme of salicylate..... | 1478 | —         |           |
| “ 2 grammes “ .....               | 1540 | 1291      |           |

*Urinalysis:—*

|                                   | A.    | B.    |
|-----------------------------------|-------|-------|
| Average specific gravity.         |       |       |
| Normal period.....                | 1.020 | 1.021 |
| Under 1 gramme of salicylate..... | 1.021 | —     |
| “ 2 grammes “.....                | 1.022 | 1.024 |
| Average total nitrogen in gram.   |       |       |
| Normal period.....                | 21.51 | 16.82 |
| Under 1 gramme of salicylate..... | 22.88 | —     |
| “ 2 grammes “.....                | 23.85 | 18.81 |
| Average urea in grammes.          |       |       |
| Normal period.....                | 38.74 | 32.09 |
| Under 1 gramme of salicylate..... | 42.01 | —     |
| “ 2 grammes “.....                | 43.44 | 35.18 |
| Average uric acid in grammes.     |       |       |
| Normal period.....                | 0.679 | 0.779 |
| Under 1 gramme of salicylate..... | 0.614 | —     |
| “ 2 grammes “.....                | 0.929 | 0.857 |
| Average ammonia in grammes.       |       |       |
| Normal period.....                | 0.119 | 0.304 |
| Under 1 gramme of salicylate..... | 0.263 | —     |
| “ 2 grammes “.....                | 0.297 | 0.404 |

From these figures we may infer that sodium salicylate definitely increases the output of both the fluid and the solids of the urine; that the increase in total solids is largely contributed to by an increase of urea, to a relatively less extent by an increase in the excretion of uric acid. Dr. Goodbody says: “since this increased elimination continued, more or less, during the nine days,” (under two grammes of the salicylate per diem,) “it shows, in all probability, that there was an increased formation of uric acid; although naturally it is difficult to explain why there should be an increased formation of uric acid, unless sodium salicylate causes a leucocytosis.” It seems a pity that the existence or non-existence of leucocytosis should not have been demonstrated. If its existence had been shown, Dr. Alexander Haig’s theory of the retention of uric acid in the spleen, joints, etc., would have been doomed, for it is upon this theory that his teaching with regard to “uric acid in the causation of disease” is based.

Dr. Goodbody gives satisfactory reasons, in the body of his paper, for supposing that the increase of ammonia, coincident with an increase of urea, is due to a larger amount of proteids being

broken up in the organism; acids thus formed dispossess the carbonic acid of the ammonia combined with it in the blood and so prevent as much carbonate of ammonia from being converted into urea as would otherwise be the case.

*The analysis of the Fæces* gave the following results:

|                                     | A.    | B.    |
|-------------------------------------|-------|-------|
| Average quantity in grammes.        |       |       |
| Normal period.....                  | 152   | 119   |
| Under 1 gramme of salicylate.....   | 117   | —     |
| “ 2 grammes “.....                  | 141   | 95    |
| Average percent. of water in fæces. |       |       |
| Normal period.....                  | 78.72 | 76.83 |
| Under 1 gramme of salicylate.....   | 74.02 | —     |
| “ 2 grammes “.....                  | 73.24 | 70.78 |
| Average nitrogen in grammes.        |       |       |
| Normal period.....                  | 1.93  | 1.68  |
| Under 1 gramme of salicylate.....   | 1.46  | —     |
| “ 2 grammes “.....                  | 2.03  | 1.50  |
| Average fat in grammes.             |       |       |
| Normal period.....                  | 5.76  | 4.86  |
| Under 1 gramme of salicylate.....   | 4.56  | —     |
| “ 2 grammes “.....                  | 6.88  | 4.98  |

By subtracting the amount of nitrogen and fat excreted in the fæces from the known amount ingested in the food, Dr. Goodbody is able to establish that the salicylate in such doses as were taken, has no appreciable effect on the digestion and absorption of either proteid or fat. This fact is borne out by the slight variations of the provers’ weights during the experiment.

The question of pulse tension was not investigated, apparently, and here again an opportunity of checking Dr. Haig’s contentions is lost.

Such experiments as these by Dr. Goodbody are of the greatest importance to traditional medicine. Their results, indeed, constitute a valuable addition to pharmacology. To the Homœopath nothing which bears upon the action of drugs is unimportant, and he must hail with approval every advance towards what is truly rational in that study. He must recognize the investigation of such action upon the healthy as the necessary preliminary step to an accurate use of drugs in the

diseased; and Dr. Goodbody's contribution may well suggest to him the method in which such investigations should be undertaken. By adding the subjective symptoms we already possess

to the subjective symptoms provided by Dr. Goodbody, we can construct a pathogenesis of sodium salicylate which we may reasonably regard as well-nigh perfect.—*Homœopathic Review*.

#### HOMŒOPATHY AS SEEN THROUGH ALLOPATHIC SPECTACLES.

On November 19th a meeting was held in the Exchange Buildings, Liverpool, under the auspices of the African Trade Section of the Liverpool Chamber of Commerce, to hear Dr. J. W. Hayward, of Birkenhead, honorary consulting physician to the Liverpool Hahnemann Hospital, upon the treatment of malaria. Mr. A. L. Jones, whose generosity and enterprise in the cause of tropical medicine is well known to our readers, took the chair. Dr. Hayward mentioned certain recipes for keeping off mosquitoes, gave his theories as to the use and value of quinine, and expressed a wish that the Liverpool Chamber of Commerce would get an appointment on the West Coast of Africa, in some malarious latitude, for a Homœopathic practitioner. He said that mortality from blackwater fever under "allopathic medication" was appalling, and that chronic malaria would be extremely rare under Homœopathic treatment. Mr. A. L. Jones thereupon promised to get "a qualified Homœopathic medical man" a post on the West Coast. Mr. Jones is, in our opinion, doing a very imprudent thing in thus countenancing Homœopathy. He will probably consider our view to be based upon narrow selfishness, whatever we say; but such have been the services of Liverpool to scientific medicine, that we cannot let these services be endangered without protest. Homœopathy is based upon theories exactly contradictory to medical knowledge, so that there can never be any common ground upon which a medical man and a Homœopath can

discuss a medical subject. Now, as medical men cannot work with Homœopaths, and as all the men of any scientific position in the country are with the medical men, had not the Liverpool Chamber of Commerce better stick to the side whence it can always obtain a supply of sound assistance? By the way, there is not such a thing as a qualified Homœopathic medical man, so that Mr. Jones has not committed himself to anything. A man can qualify in medicine, and become a Homœopath; but he cannot qualify in Homœopathy, for the General Council of Medical Education and Registration does not recognize Homœopathy.—*The Lancet*.

To the above annotation the following letter was sent as a reply:

To the Editors of *The Lancet*,

Gentlemen,—

"THE TREATMENT OF MALARIA WITH HOMŒOPATHIC MEASURES."

I thank you for your courtesy in sending me a copy of the *Lancet* of this day. Your doing so seems to imply that you expect from me some notice of your editorial referring to my paper before the Chamber of Commerce. If you have sent one to Mr. Jones also, perhaps he will be grateful for your unsolicited advice on his business matters; but I think I know him sufficiently well to tell you he will certainly, as you anticipate, "consider your view to be based upon narrow selfishness," and not on wilful prejudice and blind bigotry. I am sure he will see through the sophistry of your asser-

tion that "there is not such a thing as a qualified Homœopathic medical man." He knows that such an assertion is a falsehood. He is also aware that you yourselves know very well that the expression "Homœopathic medical man" means a medical man who practises Homœopathically, and that you know that the medical men who practise Homœopathically in this country are as legally qualified as you yourselves are. He also knows that it is not true that "medical men (*sic*) cannot work with Homœopaths." It is well known to be a fact that consultations frequently take place between the best of the Liverpool traditional practitioners and the Homœopathic practitioners of the city.

You might have spared yourselves the snarling contrast between medical men and Homœopaths, because it is too

transparent for Liverpool merchants not to see through.

That the editors of an old medical journal should, at the end of the nineteenth century, assert that "Homœopathy is based upon theories exactly contrary to medical knowledge" shows that medical editorial interests are stronger than the interests of truth.

You ought to publish this reply; but of course, in your editorial position, you can refuse to publish a reply to your wanton attack on Homœopathy and your sophistical insinuations as to the status of medical men who practise Homœopathically; but if you do, there are other channels for exposing your unfairness.

Yours truly,

JOHN W. HAYWARD.

61 Shrewsbury Road, Birkenhead, Nov.  
24th, 1900.—*Homœopathic Review*.

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## SNAKE VENOM.

[In connection with the comparative study of the snake poisons we have been interested with the argument presented by Dr. Frederick Kopp, of Greenwich, N. S. W., in the *Homœopathic World*, and reproduce extracts bearing directly upon *Crotalus Horridus*, since that remedy appears in the study for the present month. It is certain that the doctor presents a strong argument in favor of his position that the action is primarily that of a *nerve depressant*, but there is nothing to show that in addition to this action there is a positive action upon the blood similar to that claimed by us in our analysis, but this subject will receive more elaborate consideration when the blood is being studied.—Ed.]

### Snake-bite and Insanity.

It is a matter worthy of note that dogs which have been repeatedly bitten by venomous snakes and have each time

recovered, eventually go mad. Several cases have recently been reported to me, in which the animals developed a species of madness some time after they had been last bitten and had to be destroyed. This having been proved to be the case, the theory now held by a number of the medical profession and others, namely, that repeated bites from a venomous reptile secures immunity from the evil effects of the venom, falls to the ground. A case has also just been reported to me in which a man residing in the Queanbeyan district, N. S. W., was bitten by a venomous snake. Although he recovered, he never appeared to get over the ill-effects of the venom, and eventually became insane and had to be sent down to Sydney for confinement in a lunatic asylum, where at last he died.

"Not only are lives lost through snake-bite, but very many who, by the

application of remedies, live on, are sufferers from the effects of the poison as long as they live."—*Holsworthy*.

It has also been proved over and over again that in cases where the patients recover, the nervous system is effected for months afterwards. There does thus appear to be after all a great similarity between the action of the venom of our Australian colubrids and the Indian snakes, whatever some authorities may say to the contrary, and I am fully convinced that the venom of the cobra (*Naja tripudians*) is a nerve poison, acting principally upon the *respiratory* nerves, the *pneumogastric* and *glossopharyngeal*. It has also been proved that the venom of the cobra has the power, in cases in which recovery has taken place, of developing a suicidal mania. I remember on one occasion reading a case in which a man was bitten by a cobra. He suffered most intensely; his body became swollen, his mind wandered and it was thought that he could not possibly recover. At last, however, he got better, and, although complaining of *great pain about the heart*, was soon able to go about again. Shortly after this, having an axe in his hand to go, as he said, to cut wood, he suddenly split his own head in two, having become insane. Another similarity between the action of cobra venom and that of our Australian reptiles, is that in cases of poisoning by the former the *eyes are fixed*, the *pupils dilated* and *acting sluggishly to light*. There is also a great *anxiety at the precordia*, and a *failure of the respiratory function*. Thus once again we have another proof of the correctness of the theory advocated by me, namely, that snake-venom is a *depressing nerve-poison* acting on *motor nerve-cells*, the functional activity of which it lowers, and, in fatal cases, entirely suspends, without in any way altering the structure of the cells, or effecting by any direct action,

blood changes incompatible with life.

#### The Action of the Venom of *Crotalus Horridus*.

This paper would certainly be incomplete if I omitted to make a few remarks on the venom of the rattlesnake (*Crotalus horridus*). This snake is very widely distributed throughout the United States of America. This reptile is provided with two fangs, which lie horizontally in the mouth under ordinary circumstances, but are immediately raised to an erect position when the snake becomes aggressive. The fangs themselves are grooved with small canals communicating with the gland secreting venom. The bite inflicted by the rattlesnake is more of the nature of a blow than of a bite, the fangs being struck into the flesh, and at the same instant the venom is ejected through the canals of these fangs. One feature in favor of the rattlesnake is that it almost invariably sounds its rattle before the blow is inflicted by its fangs—a circumstance which has been the cause of a good many persons escaping from being bitten. The venom of the rattlesnake is clear and viscid, and resembles egg albumen; but occasionally it has a yellowish tinge. When ejected it has an acid re-action. The *first effects* of the introduction of the venom of the rattlesnake into the human system has been compared to the symptoms of *shock* as they would occur after the infliction of a severe wound. By the term "shock" I mean the state of depression which occurs after a severe injury—a depression manifesting itself by an impaired action of the nervous system, including weakness of the heart-beat and interference with respiration. By this my readers will at once see and agree with me that the venom of *Crotalus horridus* is similar in its action to that of our Australian colubrids, and also to that of the Indian reptiles, and that it is, therefore, a de-

pressing nerve-poison acting on motor nerve-cells, and not a blood-poison, as has been stated by a number of medical authorities on the subject. The patient who has had the misfortune to be bitten by a rattlesnake becomes extremely pale and cold, the skin sometime assuming a yellowish hue, and the surface is covered with a clammy perspiration. The pulse very soon becomes rapid and feeble, and nausea and vomiting frequently occur. Loss of consciousness, delirium and convulsions finally set in, and the skin in the vicinity of the wound swells to an enormous size, and becomes mottled with the blood which has escaped from the blood-vessels, death generally taking place at this stage. The time elapsing between the infliction of the wound and the fatal result varies from half an hour to five or six weeks.

#### **Treatment of the Bite of *Crotalus Horridus*.**

The treatment of a rattlesnake bite is identically the same as that adopted in the case of an Australian snake-bite. As speedily as possible a ligature must be applied above the wound, that is, between the bite and the heart. This must be drawn *very tightly*, the object being to prevent the circulation of the blood and of the venom from the bitten part into the system, and this can of course only be attained by arresting the circulation. It has been recommended that another ligature be tied a few inches above the first, the one nearest the wound being tightened by twisting it with a stick. The wound should be then sucked *thoroughly*. There need be no hesitation on the part of any person to perform this act, for, so long as such person has no wound, crack, sore, or ulcer in his mouth or on his lips, no risk is incurred thereby. After this has been done it is well to scarify the wound—that is, cut out the skin and flesh for a distance of half or three-quarters of an

inch around the marks of the fangs. It should be borne in mind that economy in the loss of flesh may lead to the retention of sufficient of the venom to cause the death of the patient. Although the above are the measures generally carried out in the order named, I believe it is advisable to scarify the wound so soon as the ligatures are tied. But, however, whether the wound is first sucked or first scarified, it is of the utmost importance that these measures be carried out *promptly*, as the lapse of only a few seconds may cause the loss of the patient's life. After the above instructions have been all thoroughly followed out, it will be as well to loosen the ligatures a little, and then tighten them again. After a quarter of an hour or half an hour, this relaxing of the ligatures may be repeated. The object attained by this is that the venom—should any remain in the wound—is introduced into the system in small quantities, and will, therefore, produce less serious results than if the entire quantity entered the circulation at once. At the end of about two hours the ligature may be permanently removed, *Liquor Ammonia* or *Liquor Ammonia fort.* having been previously injected as recommended in the portion of this present paper dealing with the *Ammonia* treatment. In addition to the local treatment mentioned above, the patient generally requires stimulation, and for this purpose I would recommend the administering of *Brandy* and *Ammonia*, from 5 to 10 minims of *Liquor Ammonia* to from half an ounce to an ounce of *Brandy*, to be given every half-hour until the patient is out of danger, when it may be either discontinued or else administered at longer intervals in smaller doses. Should the patient through vomiting be unable to retain the *Brandy*, it may be given as an injection into the rectum. If administered in this way, it should be mixed

with an equal quantity of milk. After the patient has recovered from the immediate effect of the bite, the wound should be enveloped in cloths saturated with hot water, and these should be renewed often enough to keep them warm and moist. The patient's strength should also be supported with nourishing food. In administering *Brandy*, as recommended above, I would state there is no need to *intoxicate* the patient, as has been suggested by certain medical men and others; but it should be given in the quantities I have mentioned above every half hour. Some authorities recommend that it should be given freely and at frequent intervals, but so soon as the patient shows signs of intoxication it is advisable to cease administering the *Brandy*.

#### **Double Effect of Snake-bite on the Nervous System.**

When a person has been bitten by a venomous reptile the nervous system of the patient is assailed in two ways. The first is the shock experienced on being bitten by a snake, the patient being aware of the fact that if active and prompt measures are not taken, the forfeiture of his life will be the result, so that the infliction of the bite immediately causes a shock to the whole nervous system. The other effect of snake-bite on the nervous system is that of the action of the venom itself on the motor nerve-cells, the functional activity of which, as I have before shown, it lowers, and, in fatal cases, entirely suspends. It will thus be clearly seen what an injurious effect snake-bite has on the nervous system, and what a formidable array of symptoms we have to combat in antidoting the action and effect of snake-venom.

#### **Snake-venom Produces Functional Derangement of the Motor Nerve-cells.**

1. Ten drops of a five per cent. solution of the venom of *Hoplocephalus*

*curtis* were injected under the skin of a frog. It caused paresis of its hind legs in half an hour, and in forty minutes afterwards complete paralysis, the respiration becoming more and more difficult. The heart was then laid bare, and it was seen that feeble and slow contractions continued for a time after respiration had ceased, and the heart finally stood still in diastole. Preparations from various parts of the nerve-centres were then carefully compared with similar ones from a healthy frog of the same size, and the microscope revealed that there was *no difference* between the nerve-cells and nerve-fibres of the poisoned and of the healthy frog.

2. Five drops of the same solution of the venom of *Hoplocephalus curtis* were injected subcutaneously in the back of a snail, after the heart had been laid bare. The action of the heart, although at first accelerated, soon became irregular, and ceased altogether in five minutes, the snail at the same time becoming quite motionless. A preparation was then made from a small ganglion of the snail, which showed both nerve-cells and fibres, and these were very carefully compared under the microscope with one from the same ganglion of a healthy snail. In this case also the microscope showed that there was *no difference* between the nerve-cells and nerve-fibres of the poisoned and of the healthy snail.

Apart from the experiments on animals, I hold that the results of treatment on man disprove structural change, there being on record a number of extreme cases of poisoning by snake-venom in which general paralysis was complete, and the respiration and the heart's action had almost ceased when the antidote was administered. In these cases structural changes, incompatible with life, of the motor nerve-cells, if they occur at all, either in the nerve tissue or



even in the blood, would have made recovery a matter of impossibility. It will thus be seen that, both by experiments on animals and by the action of the poison on man, I have definitely shown that snake-venom is a depressing nerve-poison acting in the motor nerve-cells (the most important organs in the animal economy), the functional activity of which it lowers, and, in fatal cases,

entirely suspends, *without in any way altering the structure of the cells, or effecting, by direct action, blood changes incompatible with life.* From observations made, and from the result of experiments by others, I have come to the conclusion that *all* snake-venom is a *nerve poison*, and acts according to one uniform principle.—*Homœopathic World.*

## OUR ADULTERATED FOODS AS DISEASE PRODUCERS.

M. F. UNDERWOOD, M. D., SAN FRANCISCO, CAL.

There are two great factors contributing to the rapid increase of chronic diseases. The chemicals used in adulterating and preserving various articles of food is one of them and of which I wish to give you a brief outline and a few suggestions.

Many strong drugs and chemicals produce long-lasting destructive diseases when taken into the system regularly for any great length of time. These diseases are not recognized or named or classified in any of our works on medicine or chemistry. The subject is studiously avoided.

I need bring no arguments to prove to you the truth of the assertion further than to remind you of the instances of such diseases within your own knowledge. For instance, the cases of deafness arising from the excessive use of quinine; those of the loss of teeth by some form of mercury; paralysis from working in lead; scurvy from the use of too much salt, and others I might mention.

These cases you know quite well, so well that you scarcely give them a passing thought. I wish to remind you that there are many other chemical substances that destroy life and health besides the ones just mentioned.

A few, with some of the disturbances they cause, are as follows:

**Sulphur**—This old-time medicine has been greatly abused. It is a powerful germicide. Fruit growers sulphur their dried fruit to preserve it, but principally to bleach the fruit. Customers are always allured by the fresh bright color of sulphured or bleached dried fruit, not conscious of the fact that with each ten-pound of such fruit there is enough violent poison to kill a young child or sicken an adult. Sulphur when burned forms sulphurous acid gas or sulphur dioxide, a perfectly soluble substance of extremely destructive nature. No living thing can withstand these fumes for any length of time.

Before proceeding further, may I explain that certain persons are susceptible to a certain chemical substance, while others are not, and *vice versa*. One person may be so immune to the common poison of oak as to be able to handle the shrub without the least danger, while his neighbor may be so susceptible to its virus that he may not approach within a hundred feet of it to the windward on a damp morning without being severely poisoned. So with many common drugs used in our everyday round of life. Some cannot endure salt on their food, others pepper, and so on, and to the immune the drugs mentioned below may do little or no harm, but it is the weak ones, the susceptible

ones we should protect.

But to go on with sulphur. It produces in its gaseous form above mentioned all sorts of religious insanities, delusions of being wealthy, etc., causes one to become filthy in habit of both body and mind; melancholia; hypochondriasis; ill-humored, can't answer questions civilly; becomes obstinate; egotistical; terrible headaches with burning on the crown of the head, or burning of the feet at night in bed so the patient puts his feet out from under the covering to keep them cool. All sorts of neuralgia, inflammation of the spinal cord and brain, blindness and various kinds of illusions of sight; sees all colors, sees various objects that are not before him. Cataracts are often caused by sulphur; inflammation of the eyes resembling that of scrofula; terribly offensive catarrh with loss of the sense of smell; decay of the teeth, with many different kinds of toothache; liver troubles that last a lifetime; terrible bowel disorders; Bright's disease; lung trouble resembling consumption, cough lasting for years, dry, hard cough mostly at night; palpitation of the heart with smothering; swelling of the lymphatic glands around the neck, causing little tumors wherever the lymphatics are numerous, rheumatism of different kinds; great prostration and loss of strength; attacks of fever resembling some low forms of malaria; skin eruptions resembling scrofula in all its hideous forms, too numerous to mention here; terribly itching eruptions with foul pus which excoriates the surrounding integument wherever it touches.

*Soda bi-carb*—Used to keep milk from souring. Headaches of periodical nature with great drowsiness; sour stomach; ulcers that eat and eat till great deep cavities are formed.

*Silica*.—Terra alba, white clay. Used to adulterate flour; causes a peculiar

headache that begins in the occiput, going forward and settling over the eyes; ulcers with a foul watery discharge, almost impossible to heal; perspiration on the feet that may last for many years, so profuse as to destroy the shoe leather; asthma that is worse when lying down, has to sit up in bed to breathe; fistulæ in various parts of the body; a toothache in all the teeth at the same time; great sensitiveness to the least draught of air, would sit by the fire all the time; takes cold very easily. It destroys the animal heat, producing constant coldness; caries, or decaying of the bones. They sometimes come out in splinters, whole bones crumble away. Nails will grow crooked, hard and deformed. It reduces the natural resiliency of the tissues so that one is easily exhausted with very little exertion.

Babies whose food contains silica may not mature good bones. The bones will be soft and liable to disease.

*Salicylic acid*—Used in preserving canned meats; produces rheumatism of the joints in its worst forms; excessive acidity of the stomach; destroys the lining membranes of the stomach, with ulceration of the bowels; dyspepsia of the worst kind, with great accumulation of gas on the stomach and great distention; a continuous burning fever which is very difficult to control; destroys the lime of the bones, making them soft, brittle and spongy, easily broken.

*Sulphuric acid*—Used in aging wine and making vinegar, causes thirst for alcoholic drinks that is almost uncontrollable; a condition similar to delirium tremens. (I suspect that there was no delirium tremens when liquor was pure); deafness, toothaches, sore throat resembling a mild attack of diphtheria; burning in the œsophagus and stomach; sour, acrid, or foul eructations; loss of appetite and neuralgia of the stomach;

dyspepsia, with rapid sinking of the strength; enlargement of the spleen; bowel troubles that are almost as persistent as those produced by sulphur itself; many kinds of lung troubles and coughs; palpitation of the heart; destroys the red corpuscles of the blood, causing anæmia even to death.

*Alum*—(Sulphate of aluminum), used to make bread a clear beautiful white, is used in baking powder instead of cream tartar; causes rush of blood to the head, with dizziness sometimes to falling, great mental excitement; throat troubles, with burning as if acid had been swallowed with constriction, making difficult to swallow; intense nausea, with sinking feeling in the stomach; catarrh of the stomach and bladder; burning in the stomach as if something very hot had been swallowed; symptoms quite similar to lead colic; obstinate obstruction of the bowels, with ulceration, and distressing pains; diabetes coupled with bladder and kidney disturbances; almost entire loss of voice; cough from tickling in the throat.

Woman, in her distinctive sphere, seems a special target for this poisonous drug, producing in her an array of disorders of a very obstinate character. It causes dilatation of the heart, with violent palpitation; stomach troubles bordering onto extreme dyspepsia.

*Prussian blue*—(Ferrocyanid). Used in coloring tea. Headache and nervous disorders, and anæmia.

*Oxide of copper*—To color tea and canned peas; causes violent mania; epilepsy of the worst forms; insanity: violent headaches, with nervous apoplexy; a condition sometimes mistaken for hydrophobia, frothing at the mouth, etc.; paralysis of the tongue (in men only); bluish color of the skin like that seen in what is known as greensickness; sensation of constriction around the chest; hardening of the liver; most

violent colic like knives cutting through the intestines, with spasms of the abdominal muscles; with these bowel troubles there comes a great coldness of the body, with sinking strength; attacks similar to and almost as violent as cholera; suppuration of the lungs resembling consumption, with slow, steady emaciation; asthma coming on suddenly, with a whistling ringing respiration; boring pains like an auger about the region of the heart, disturbing the whole circulation; convulsions and inflammation of the brain in children; paralysis of single parts; affects persons of light complexion most.

*Aloes*—Used in making artificial or imitation beer; causes an angry, revengeful state of mind, with desire to destroy everyone he becomes angry at; generates a diseased state of mind so that he hates everyone, even his own family, and he smashes everything breakable in the house in his fits of rage; it, together with the sulphuric acid in bad whisky, causes the worst form of delirium tremens and tendency to suicide; headaches as if a heavy weight were on the crown of the head; metallic taste, with yellow ulcers on the tongue, and also a desire for salty food; distressing digestive disorders that make life a burden; many striking disorders arise that I cannot mention here; causes a cough, accompanied by copious flow of tears, soreness in the chest, soles of the feet become very painful, as if rheumatic; nervous debility and prostration; disgusting, wearying dreams and restless sleep so he feels as tired on arising in the morning as when he retired.

*Arsenious acid*—In wines, of which I cannot speak here.

*Creosote*—Used extensively in cheap whisky that is responsible for the inflamed, hardened condition of the walls of the stomach in "old toppers." These gentlemen always drink the vilest liquor

they can buy or beg, and are eventually destroyed by their depraved appetite. It causes what is commonly known as "lupus," a destructive ulcer looking very much like cancer, generally appearing on the wings of the nose. The well-known flower indigenous to all climates known as the "rum blossom," is the offspring of creosote in bad whisky—not the alcohol. Destroys the teeth rapidly and perverts the natural appetite. It causes a much more pitiable state in women than in men; all sorts of pain like neuralgia or rheumatism in the limbs as if they had been bruised, and the joints feel as if dislocated; general weakness and prostration—wants to sleep all the time; fever of a most putrid character, on account of producing such rapid destruction of the tissues. He smells horribly, much like the ash barrel; hemorrhages from the lungs, stomach or mouth. It stimulates the capillary circulation of the skin so that a small scratch or wound will bleed so profusely that a surgeon must be called to stop the flow of blood that otherwise should cease naturally in a minute or two; eruption on the bends of any of the joints of the body.

**Coal tar dyes**—In coloring candy; produce rapid action of the heart, with corresponding depression, with over distention of the heart that may last for years.

**Benzoic acid**—Now made on a large and cheap scale from coal tar exerts a powerful violence on the nervous system. Used extensively as a preservative.

**Strychnine**.—In beer; spasms of a violent character and nervous troubles; a delirium in which he sees snakes and vermin crawling around and all sorts of monster shapes. It is one of the causes of delirium tremens.

**Lead**—From the tin of canned goods is often prolific of much evil, especially if the goods have been canned a great

while, hence the legislation against selling canned goods that have been put up over eighteen months, and it should be twelve months.

I mentioned lead poison arising from the lead in tin cans. Not more than 10 per cent. or 15 per cent. of the tin on cans is tin. It is about four-fifths lead. There is not enough tin produced in the world to supply more than one-fifth the sheet tin used. So it would be much more truthful to say "lead cans" than "tin cans."

**Preservaline**—A white powder sold in bulk; is used extensively by small grocers and meat dealers to preserve perishable goods. It is largely composed of borax. It is the great preservative of milk. You all know that the milk sold in large cities will curdle long before turning sour, and you also know that babies fed artificially cannot be given the milk sold by the dairies, and that fact does not arise from the milk being of a poor quality but from the chemicals used to preserve it. Borax, when taken by a healthy person, produces a condition of the digestive system similar to what is known as thrush or aphthæ; little white blisters or ulcers often seen in the mouths of young children. Now, borax in small doses sometimes relieves this condition, but produces it in healthy persons.

**Condensed milk**—Is largely tintured with various kinds of preservatives and adulterants.

**Prussic acid**—Is largely used in making flavoring extracts and perfumes. Scarcely a pure perfume or flavoring extract is obtainable in the open market. The most dangerous drugs often used in their manufacture.

**Coffee**—Is so extensively adulterated that one seldom obtains the pure article. Caffien is extracted from the green coffee and is in great demand for medicine, while the sweated coffee is roasted

greased, and sold as Java or some other well-known brand. The process of greasing coffee is done by pouring the hot roasted coffee as it comes from the roaster into large pans where a mixture called "the grease" is poured over it and is absorbed by the hot beans. The grease is an artificial chemical coffee flavor. All large coffee dealers use this method of artificial flavoring. A very

inferior grade can thus be flavored, ground, put up in packages and sold at a fair price. But the customer is drinking drugs, not coffee.

The adulterations of tea are so numerous and so apparent that I need not stop to mention them. Copper oxide and graphite or black lead are the principal adulterants, and are used to color the inferior grades.

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## MATERIA MEDICA MISCELLANY.

EDITED BY GEORGE KNAPP.

A most interesting article on *Homœopathic vs. Salicylic Acid Treatment of Acute Rheumatism* appears in the *Homœopathic Recorder*, of February 15. Dr. Waplu, of Leipsic, the author, compares his results during a period of five years with those obtained and published by allopaths. He finds that whereas the fever disappears more quickly under salicylic acid than under the indicated remedy, the total duration of the disease is much longer under "regular" treatment. Under Homœopathic management only 2 per cent. of the cases developed heart complications. Under salicylic acid, 8.60 per cent. showed heart complications, and one allopathic author gives his complications at 44.75 per cent.

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Dr. W. A. Dewey claims that *Sepia* is not enough thought of in diseases of men. *Sepia* is by no means exclusively feminine.

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It is to be hoped our allopathic brethren will soon discover a serum for epilepsy. Not that the serum will do any good—it will do less harm than the present fads. Operating is coming to the fore again, especially oophorectomy and hysterectomy. See *Medical Sentinel* for February.

This interesting bit of therapeutics comes from the *Medical World*. It is supposed to be useful in herpes preputialis:

"Tone the system with arsenic, bichloride of mercury, preptonized iron and maganese, strychnine, etc. Regulate the bowels. See that the urine is normal and unirritating. Quiet the nerves with bromides and valerianates."

\* \* \*

The *Therapeutic Gazette* disapproves of meat broths in typhoid fever and pleads for a more generous feeding—not stuffing—of typhoid patients, especially with the carbo-hydrates. In the same article is a remark to the effect that the plunge bath invariably causes some strain on the heart. This opinion is spreading.

\* \* \*

Here are the indications for *Phosphorus*, according to the *Eclectic Medical Journal*:

"Dry, hacking cough, nervous irritability, mental derangement, flushed face, eyes wild and glassy."

Who sold this man a Hering?

\* \* \*

If our allopathic friends will only destroy the mosquito on the ground that he carries malaria, we shall be ready to

admit that some good has come from the germ theory.

\* \* \*

In the *Homœopathic Recorder* for February 15, Dr. Paul Allen publishes a proving of *Hedeoma Pulegioides* (Pen-nyroyal). Nothing very characteristic was elicited, but enough to give promise of more when a larger number of provings have been made. The urinary organs seem to be the center of action of this drug. The urine was considerably diminished in quantity and less uric acid was excreted. There was also an intense urging to urinate, with burning, dragging pains at the neck of the bladder, markedly relieved while the urine was flowing, but increased at the beginning and ending of urination.

\* \* \*

#### Proving of Oxide of Lead.

A child nine months old, presenting an old and neglected eczema of the face and head, for the relief of which an ointment containing lead oxide was prescribed, the mother being carefully instructed to return at short intervals. This injunction was, however, not obeyed, and after the lapse of four months the little patient was found in convulsions, without fever and with a hard, running pulse. In spite of removal of the ointment, the application of sulphur, and the administration of bromides, the convulsive attack was repeated, and the child subsequently became comatose. A dark line was found on the gums around one of the teeth. The fontanelle was bulging; the knee jerks were increased; the eye-grounds were normal. The urine contained a trace of albumen, and uric acid in large amounts. Lumbar puncture was performed, and 20 c.c. of clear fluid per-

mitted to escape. The child, however, failed to rally, and death resulted. Histological examination failed to disclose any degeneration of the ganglion cells of the cerebral cortex, and chemical examination revealed the presence of lead in the brain tissue. It is pointed out that the diagnosis in this case might have been overlooked if it had not so happened that the condition was being eagerly searched for. The convulsions were not distinctive, and the subsequent coma might have been due to uræmia or to persistent cerebral pressure. Uræmia was, however, excluded by the results of examination of the urine, and a number of cerebral disorders by the results of lumbar puncture.—*Medical Record*.

\* \* \*

#### Action of Gelsemium upon the Nuclei of the Motor Cerebral Nerves.

—In man, toxic doses of *Gelsemium* produce extreme muscular weakness, and the gait is staggering; ptosis often occurs; the pupils are fixed in dilatation, and internal squint is frequently observed; the lower jaw drops; there is diminution of general sensibility; articulation is indistinct or even impossible; the pulse is feeble and thready; respiration is slow and difficult; and death, when it occurs, is due to respiratory paralysis. In the lower animals the symptoms are said to be quite similar to those in man, except that convulsions, as yet unexplained, are of frequent occurrence. According to H. C. Wood, the oculomotor paralysis is peripheral, the respiratory paralysis central in origin.

The nuclei of all motor cranial nerves were studied under the conditions of both acute and subacute maximal poisoning.

**Gangrene from the Application of Dilute Solution of  
Carbolic Acid.**

The *American Journal of the Medical Sciences* for July contains a very complete and important paper on this subject by Dr. F. B. Harrington. The application of dilute carbolic acid for hours to the extremities may produce gangrene—a fact which is not generally known. Dr. Harrington has seen during the last five years at the Massachusetts General Hospital, either in his own practice or in that of other surgeons, no less than eighteen cases of gangrene arising from the use of carbolic acid. From medical literature he has collected a large number of other cases which, with his own, make 132. Dr. Harrington relates the following case: A delicate woman, aged 26 years, cut the tip of her right index finger. Her brother, a strong man, had two weeks before successfully treated a cut on his finger with a solution of carbolic acid. She therefore put on a bandage saturated with the same solution. This was at 6 p. m. On going to bed she moistened the dressing again with the solution. There was some pain in the finger during the night. In the morning when the dressing was removed the skin was grey and the finger was swollen and felt "lifeless and heavy." The color changed in a few hours to a dark brown and later, when the finger became dry, to black. The patient was first seen at the end of four weeks. The finger was in different places clay-colored, dark brown, and black. A line of demarkation had formed near the end of the first phal-

anx. The remainder of the phalanx was red and swollen. Amputation was performed through the middle. Thrombosis of the vessels, superficial necrosis of the finger, and deeper purulent infiltration and hæmorrhage were found. The history of all the cases is similar. After an injury, a finger or a toe is wrapped in a dressing saturated with carbolic solution. If the solution is strong enough and the time of application is sufficiently long the part will be lost. Numerous cases have been reported in which amputation had to be performed for gangrene following the use of 2 per cent. and 3 per cent. carbolic solutions. In a child, aged 10 years, the second and third phalanges of a finger were lost after the application of a 1 per cent. solution for twenty four hours. Usually the time of application was from twelve to twenty-four hours. By a series of experiments it has been shown that the gangrene is due to a direct chemical action of the carbolic acid on the tissues and that other dilute chemicals have a similar effect. Five per cent. solutions of muriatic, nitric, sulphuric, and acetic acids, and of caustic potash, produced gangrene when applied to an extremity for from twenty to twenty-four hours. On the trunk, superficial gangrene occurs if the application is sufficiently prolonged. The result is not so injurious as on the extremities because of the greater thickness of the tissues and because the blood supply cannot be shut off in the same manner as in an extremity.

## Editorial.

### AMERICAN INSTITUTE—RICHFIELD SPRINGS, N. Y.

NEW YORK, Feb. 27, 1901.

DEAR EDITOR: In accordance with the instructions of the Executive Committee, I herewith transmit to you the result of the vote on place of meeting of the American Institute of Homœopathy, for its session in June, 1901. As the vote was not canvassed until the 22d day of February, practically all votes were received in time to be counted.

The number of votes cast is surprisingly large and indicates the interest taken by the Institute members in the matter of place of meeting. No such expression of opinion from so large a number of our Institute members on any given subject has ever before been obtained.

Result of vote: Montreal 56, Cambridge Springs 27, Niagara Falls 281, Richfield Springs 569, Blanks 36. Total 969.

In accordance with this decision the American Institute of Homœopathy will meet at Richfield Springs, June 18, 1901. I am,

Faternally yours,

E. H. PORTER,

Gen. Sec'y of American Institute  
of Homœopathy.

The majority rules and from the above report it would seem as though the majority had decided in favor of Richfield Springs. Upon the face of the returns it would also seem that the deliberate, unbiased judgment of at least 969 members of the institute had been secured. We cannot judge with reference to this matter as no copy of the request by the Executive Committee was received by us, but it seems strange, to say the least, that the members would

overlook the advantages, so far as transportation is concerned, enjoyed by Niagara Falls over that of the springs. To this might be added the attractions of the Pan-American Exposition. There is no use in uttering a protest after the deed has been committed, but greater need for everyone interested in the success of its work redoubling their efforts to demonstrate the wisdom of the choice. It is but a short distance from Niagara Falls and the quiet, restful beauty of the surroundings will give keen enjoyment to the scientific work of the institute. There will be nothing to detract from the proceedings which may be very conducive to thorough, conscientious work of the members of the different bureaus.

Western members can buy their tickets to Buffalo and return and then buy a second ticket from Buffalo to Richfield Springs and return which will serve every purpose and give them all the privileges that would come from having the meeting at the Falls—may be more, for they can make their abiding place while taking in the exposition where the spirit moves without being denied the pleasure which comes from the intimate associations with members of the institute during the “breathing spells” between sessions.

*Here's to Richfield Springs for 1901.*

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### UNSOLVED PROBLEMS OF MEDICINE.

Dr. George F. Shrady, editor of the *Medical Record*, presents some of the unsolved problems of the medical profession in the columns of the *Chicago American*. He offers no theory upon which any of the questions may be

solved but shows, from the general character of the problems, the lines along which he expects the solution to come, e. g., he says:

“The microbes of cancer, scarlet fever, small-pox and measles are yet to be discovered. But



in the laboratories all over the world thousands are working today in the pursuit of these microbes. And it is safe to predict that soon they will be discovered and classified and become a part of the certain knowledge of medicine, as much as now are the microbes of tuberculosis or diphtheria."

Of what benefit this "certain knowledge" will be to humanity the doctor is silent, but judging from the results following the medicinal treatment of the "microbe" of tuberculosis or diphtheria we see little return for the immense amount of labor spent in "laboratories all over the world," and would suggest that more adequate results will follow investigations that will reduce to a scientific exactness the factor that will determine the *quantity* and *quality* of air to be breathed; the *quantity* and *quality* of food best indicated for the proper nutrition of the body and the *specific* characteristics that should enter into the environment, habits and life of the sick person. Prevention is better than cure and should be one of the problems calling for our most pains-taking investigation.

"Probably the disease that has baffled study and research in the line of bacteriology more than any other is that of cancer. No microbe or parasite has been discovered in that disease, although countless observations have been made. At one time Dr. Bra thought he had classified a specific germ of cancer, but Roswell Parke's and Laycock's observations in the bacteriological laboratory of the Buffalo University showed that he was in error.

Possibly when this organism is discovered the cure, perhaps in the nature of a serum, will suggest itself, and cancer, after so long withstanding his efforts, will yield to man's persevering research."

If the microbe was such an *essential* factor in the *causation* of cancer as the bacteriologist would have us believe, it seems passing strange that it should so successfully elude the "countless observations" with instruments of such great precision as we have at the present day. Like the will-o-the-wisp when you are

sure that you have it, you will be compelled to call to your aid the potent influences of the *law of similars* or it will elude your grasp. The shadow of the real substantial efficacy of "serum therapy" is based upon this aforesaid "*law of similars*," only it partakes more of the characteristics of *Isopathy*, which is first cousin to Homœopathy. Let the laboratory student make a careful study of drugs upon the healthy human being and then on the results of his investigations upon individuals suffering with cancer and he will be astonished with the results. Homœopathy, as a school, is suffering from a dearth of scientific investigators who will bring to bear ripe scholarship upon the unsolved problems of medicine. With such a vantage through the working of a "*law*" we ought to bring to bear such unanswerable proofs of the superiority of our method for the treatment of the sick that the world would be more than willing to accept its teachings. We must be exact in our application and positive in our demonstration. It will not do to have the mortality a shade better, but it should be overwhelming in its results.

"Among the unsolved problems one should record heart disease, in the treatment of which there is great room for improvement. The heart never stops for repairs, and the difficulty in treating diseases of that organ can be easily appreciated."

It may be laid down as a general proposition that there would be no "heart disease" if this organ was not *overtaxed*. It follows as a logical sequence that no agency should ever be employed that was capable of producing *permanent* impairment of the vitality of this organ; and still we find it almost the *universal* practice of the adherents of the dominant school in their effects upon the heart. It may not be very far from the truth to say that the solution of this problem may be discovered

when the use of material doses of medicine will have been discontinued.

Insanity is another of the problems. The chances are that the cure of insanity will be greatly helped by a more thorough study of pathological lesions of the brain. This method may explain many morbid conditions which are still unexplained and open a way for the treatment of the dread disease.

The solution of this problem is dependent upon a knowledge of the physiology of the brain, or, better still, a knowledge of the mind that will resolve its complexities into the natural and simple workings of a complicated but perfectly adjusted piece of mechanism. Psychology should be incorporated into the curriculum of the common school where the people would be given a knowledge of themselves and shown how simple it would be for them to adjust themselves to almost any conditions of life, when insanity would be a thing of the past. Even here the mild, persuasive influence of Homœopathy is potent for good.

The medical profession will do its greatest good for humanity along the line of preventing disease. Prevention of disease is, perhaps, more important than the discovery of new cures.

Much will be done in this regard by the education of the people.

Upon this proposition we can join hands with the doctor. This is the greatest duty of the medical profession. The public must be educated with reference to the forces that are constantly surrounding them. Hahnemann very fitly put this in § 5 of his *Organon of Medicine*:

"Useful to the physician in assisting him to cure are the particulars of the most probable *exciting cause of the acute disease*. \* \* \* In these investigations the ascertainable *physical constitution* of the patient (especially when the disease is chronic) his *moral and intellectual character*, his *occupation, mode of living and habits*, his *social and domestic relations*, his *age, sexual functions*, etc., are to be taken into consideration."

To say that this is a dream and that the medical profession will never inaugurate a movement that would make their services uncalled for is an insult to the long-suffering patience of the most unselfish body of men and women that the world has ever known. It is an unquestioned fact that the life of the conscientious physician is one of constant service for others in which his comfort and remuneration is of secondary consideration oftentimes by patient as well as physician.

"*Honesty is the best policy*," and if the physician was supremely solicitous of his own rights and emoluments there could be no better plan adopted than to *convince the public that all your thought and counsel was for their present and future good. As soon as the physician has shown himself worthy of being trusted his future is secure.*

When such a hope is consummated, medicine will become more than ever the ministering angel to suffering and pain. The allotted time of man's life may not be lengthened, but because of these advances and because people will be educated to follow the rules medical science lays down, the average number of years of man's earthly existence will doubtless be greatly increased and his stay here on earth made freer from the pain that comes with disease.

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## IS DISEASE CAUSED BY FEAR?

Mrs. Eddy, the mother of "Christian Science," makes the above declaration as the foundation upon which her science is builded. She says:

"Disease arises, like other mental conditions, from association. It being a law of mortal mind that certain diseases should be regarded as con-

tagious, this law obtains credit, through association—calling up the fear that creates the image of disease and its consequent manifestation in the body."

It is a fact, that cannot be successfully controverted, that disease manifestations increase in proportion as the

*mental* temperament predominates over the *motive* and *vital* temperaments, and the *type* changes with the development. *Fear* or *cautiousness* belongs to the *mental* type, and in all probability as the result of association predominates in the majority of instances. It consequently has a *restraining*, *repressive* influence upon the development of the mind, and consequently upon the body. Anything that will overcome the "habit" of fear thought will prove a blessing to the victim. It is by reason of this self-evident truth that Christian (?) Science has been able to win for itself sufficient support from that class of every community in which the *mental predominates over the physical*. Every function of the body is naturally defective because of a life of repression with its necessary suffering. This science offers a form of auto-suggestion, in which there is almost constant suggestion that "I am well."—"I am perfectly well." "Mind predominates over matter, hence there can be no such thing as disease." "Mind is God, and God is within me, hence I am stronger than all that may offend."

Robbed of its superhuman attraction—*Mind is God*—and we find a very real and a very practical side to this subject which is actually founded upon a scientific basis, which accounts in a great measure for the results that follow its acceptance. Anything that will overcome this habit of fear thought will secure like physical results. This constant repetition in suggestions, is nothing but a form of education, in which the mental faculties of *Firmness* and *Self esteem* are being developed to the point where they will predominate over that of *Cautiousness*. Application of these suggestion causes the individual to put his *Firmness* and *Self esteem* into operation on all occasions until he actually becomes self-reliant.

"Metaphysics, in Christian Science, extermin-

ates the drug and employs Mind alone as the curative principle, acknowledges that the (divine) Mind has all power; but *Homœopathy mentalizes a drug with such repetition of thought attenuations that it becomes more like mortal mind than like the substratum of mortal mind, called matter; and its power of action is proportionately increased.*"

All power over the body must come through the mind; but its power is limited or there could be no such thing as death. The world is hardly ready to accept the assertion that "Mind" and "God" are synonymous terms, even though it may be true, but will insist that all remedial agents or influences must be of such a nature that they can co-operate with the vital force of the individual and that the mind should be in condition for directing or at least not interfering with the work of this assisting agent. Christian (?) Science says there must be *Faith*, and we say the mind should be in that state in which it can direct the forces with a clear understanding of the nature of the work to be accomplished, and where this is impossible that the physician should have that knowledge whereby *his* mind may direct the work.

There is some truth in the statement that the drug under the direction of Homœopathic principles becomes more like the mind than matter, and in this lies the secret of the power of remedies prepared and administered in accord with the Homœopathic law of cure. It is the life force or active principle of the drug brought into *suitable* relations with the vital force which presides over the human body so that their *combine force* will be capable of taking up the functional activities of the body and maintaining the same until harmony has been restored.

Christian (?) Science may be sufficient in *some* cases. Mental suggestion may do equally good work, but both are limited in their action to the potency of the mind, while **Homœopathy can bring to bear any one of hundreds of influences, as they may be indicated.**

## A GREAT HOSPITAL DAY.

Thursday, March 7, was a great day at Cook County Hospital for Dunham Medical College. In the morning, at Prof. Duncan's clinic, the students examined seven cases. The plan adopted is for each of the six sub classes under a leader to make a physical examination of the patient, while a junior copies the hospital record of the case. That occupies about one-half of the time, then the students go into the amphitheatre and the cases are presented by the professor one after another. Those who made the examinations describe what was found. The diagnosis and remedy are made out. The senior students are becoming quite expert in this art.

Of the seven cases four were heart cases (three of rheumatic origin) with valvular lesions); one pneumonia; two nephritis, with cardiac complications, viz:

1. Mitral and aortic insufficiency with hypertrophy and pericardial friction. Severe case; improving under *Bryonia*.
2. Hypertrophy with mitral and aortic insufficiency from rheumatism. Tachycardia—grave case.
3. Slight mitral insufficiency with rheumatism; nearly well—woman.
4. A similar case—man.

5. Pleuro pneumonia left lower lobe; recovering.

6. Nephritis, tachycardia, slight mitral murmur.

7. Nephritic and hepatic obstruction. Tachycardia with hypertrophy and mitral insufficiency. Failing compensation, oedema.

The senior class visits the hospital wards where there are nearly 1,000 beds and examine cases too ill to appear in the large clinical amphitheatre. Students from the other colleges, post-graduates and physicians, attend Prof. Duncan's clinics for he makes them very interesting and instructive.

Chicago is becoming a great post-graduate attraction.

In the afternoon from 2 to 6, Prof. J. C. McPherson held his first surgical clinic before a full house.

Prof. McPherson reports a great variety of surgical cases covering the whole range of operative surgery that are found in this great Chicago charity hospital. Prof. Murphy and other prominent surgeons operate every week. Prof. McPherson has several cases now under his supervision and operations are performed nearly every day. He delights in training young operators. Dunham students have hospital advantages equal to any students in this city.

## PERSONALS, NEWS ITEMS, &amp;c.

Dr. A. S. Rosenberger, of Covington, Ohio, is attending the Post Graduate School of Homœopathy, 370 South Wood street, Chicago.

Dr. Julia Holmes Smith has been elected as one of the trustees of the University of Illinois. The *Medical Century* inquires about getting a Homœopathic department.

We await with much interest the "History of the American Institute of

Homœopathy," from its inception to the present date, by one of its ex-presidents, Dr. Bushrod W. James.

Dr. J. C. McPherson, Professor of Surgery of Dunham Medical College, has been appointed on the surgical staff at Cook County Hospital. This gives two clinics a week in which the students of Dunham have a personal interest.

The United States Court has ordered a verdict of guilty, against James and

Thomas Armstrong for using the mails to defraud. The Metropolitan Medical College (?) is at last no more. The jury was out thirty minutes. The court raised the bail to \$5,000 each. A motion for a new trial was entered.

You may look for most anything in the vicinity of Cook County Hospital and expect to find it. An under graduate of the Dunham Medical College was called to a confinement case near by. It was a girl. The family name was Beer. As it was the first (and only one) the happy father promptly named it Milwaukee—Millie, for short. You're all right, T. J.

Dr. J. C. Fahnestock, of Piqua, Ohio, spent a few days in Chicago recently. The doctor was a visitor to the Dunham Medical College and a regular attendant at the Post Graduate lectures by Dr. Kent on *Materia Medica*. Come again, doctor. His *Materia Medica Manual*, now in press, will be ready soon. As we are unacquainted with this particular work, we will have more to say after a review of it.

Charles H. Dietrich, the newly-elected Governor of Nebraska, in an interview for the *Omaha Bee*, has expressed himself as follows: "One thing I will say, for the benefit of the medical fraternity, and that is that I have decided to put one of the two hospitals for the incurable insane at Lincoln and Norfolk under the direction of the regular school of medicine and the other that of the Homœopathic school. All that I insist on is that the best representatives of each be subject to my choice for appointments as superintendents, so that we can have a fair test of the results of the two methods of treatment and that the competition will give the inmates the best possible care and attention."

Dr. Willis A. Dewey, of Ann Arbor, during his recent visit to Chicago, de-

livered a lecture at Hahnemann Medical College on *The Teaching and Study of the Homœopathic Materia Medica*. The event awakened much interest, and was the occasion of a large professional gathering. The Doctor presented the subject in his usual lucid style, reviewing the various elements composing the *Materia Medica*, and summarizing the diverse methods of teaching it. He showed very clearly that no method, when used to the exclusion of the others, was adequate to a full grasp of the subject, but that the best results could be obtained only by a judicious combination of all the methods advocated by our leading teachers. The Professor's large experience in the lecture room renders his opinion of unusual value, and his hearers, both teachers and students, without doubt found much in his lecture that will aid them in their work, and will help to render this most intricate study less difficult and tedious.

The annual re-union and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 15th, 1901.

The business meeting will convene at 4:30 p. m., in Alumni Hall, Hahnemann Medical College, Broad street above Race, Philadelphia, and the banquet will be held at 9:45 p. m., at Horticultural hall, Broad street above Spruce.

The trustees and faculty of the college extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-third Annual Commencement, to be held on the same evening, at 8 o'clock at the Academy of Music, S. W. Corner Broad and Locust streets, Philadelphia.

Banquet cards can be secured by notifying the Secretary. Requests received after Tuesday, May 14th, 1901, cannot be considered.

W. D. CARTER, M. D., '94, Sec'y.  
1533 S. Fifteenth St., Philadelphia.

DEAR DOCTOR: We are building a *monument*, and are greatly in need of *bricks*. We have the mortar and the laborers are already hired—and worthy. The foundation is completed, but we lack material for the superstructure. You have in your library many old volumes, early editions or duplicate works on medicine and kindred useful arts. It is just such bricks that we

want. Sit down and look over your collection of books; sort out what you think are not of use to you or are in your way, and we will gladly place them to your credit upon our *Library Roll of Honor*. We will gladly acknowledge the receipt of books, etc., and will pay all carrier charges. Address, *Librarian Dunham Medical College, 370 S. Wood St., Chicago, Ill.*

## Book Reviews.

**Review of Reviews, March.** Among the wealth of good things in this issue it is hard to select the items of most general interest, but Mrs. Nation's saloon-wrecking crusade is occasion of some pertinent paragraphs on the subject of American lawlessness, the lynching evil, and official responsibility for public order. The editor takes the ground that lawlessness, at the present time in this country, is "a greater danger than drunkenness," and that "the law should be put in enforceable shape and then enforced, in spite of everything."

On the question of Cuba's future relations with the United States the editor holds that much more time is required than the advocates of an extra session of Congress have allowed for—that, in short, Congressional action will not be demanded for many months to come. In Dr. Shaw's opinion it would be a mistake to try to set up the new Cuba government before 1903.

Dr. L. S. Rowe, of the commission to codify the laws of Porto Rico, suggests the value of military training as an aid to the civic development of the Porto Ricans. He shows that the personal cleanliness and regularity of conduct required in military service have already had a most beneficial effect in the civic reorganization of the island.

Mr. W. T. Stead contributes a clever and well informed character sketch of King Edward VII. Mr. Stead's estimate of Great Britain's new sovereign will attract the more attention because

of the writer's well-known hostility to the policy of the Salisbury Chamberlain administration in the matter of the Boer war—an attitude that has even led to careless imputations of disloyalty. Mr. Stead finds much to admire in the King, and likens the transition from princeliness to kingship, in the present instance, to Shakespeare's account of the transformation of "Madcap Hal" into the sober and resolute Henry V., whom Mansfield depicts.

**A Dictionary of Medicine and the Allied Sciences.**—By Alexander Duane, M. D., Reviser of Medical Terms for Webster's International Dictionary. Third Edition, Enlarged and Thoroughly Revised. Published by Lea Brothers, Philadelphia.

There are about 650 pages of double-column matter, very carefully arranged by the author, and artistically brought out by the publishers. It comprises not only the pronunciation and derivation, but gives an exceptionally full description of the terms defined. There has been a great addition over the second edition and to make room for the same everything obsolete has been stricken out. It must not be understood that this dictionary is limited to the student of medicine, because the pharmaceutical as well as the veterinary student, will find its pages crowded with the most recent, up-to-date terms employed in the current literature of these allied sciences.

# The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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No. 3

## Materia Medica.

### NITRIC ACID—THE PROMINENT, UNCOMMON AND PECULIAR, OR, THE DIFFERENTIATING FEATURES.

C. C. GHOSH, M. D., LUCKNOW, INDIA.

EDITOR OF INDIAN HOMŒOPATHICIAN.

1. *Nitric acid* is a deep acting antipsoric. Useful in diseases depending upon scrofulous and tuberculous poisons; a great anti-scrofulous and anti-tuberculous remedy.

2. It is a great anti-syphilitic.

“ “ anti-syphilitico-mercurial.

“ “ anti-mercurial.

It has no superior in removing the bad effects of mercury.

Most effective antidote to the effects of allopathic dosing with mercury in syphilis or otherwise. In various complaints after mercury or syphilis, or both, engrafted on a scrofulous base, in broken-down constitution.

The characteristic symptoms calling for *Nitric acid* in mercurialized condition are *irritability*, *restlessness* and *metal anxiety*. This *irritability* amounts to cursing and swearing. There are also periosteal pains, ophthalmia, inflammation or ulceration of cornea, with tendency of the ulcers to perforate; hardness of hearing from catarrh of the middle ear and eustachian tube; ptialism; ulcers in throat; caries of bones, particularly of the mastoid process of the temporal bone; dysentery, etc.

Particularly adapted to *secondary* more

than to primary syphilis; more especially to secondary syphilis *after the abuse of mercury*. Chancres have been returned and are phagedenic.

There is great soreness in the bones at night, particularly in the bones of the head and along the shins, and this is worse from every change in the weather.

On a damp day he will have a boring pain in the bones.

Ulcers appear in the throat or on the surface of the body, and these are characteristically irregular in outline. ✓

Warts develop, and they are almost always more or less pediculated.

There are yellowish-brown spots or copper-colored spots all over the body.

There is great debility, with sweat and exhaustion.

When mercurialization is conjoined with syphilis nothing is preferable to *Nitric acid*.

Secondary affections of syphilis, in broken-down, cachectic constitutions, accompanied with emaciation, debility, caries of bones, unhealthy ulcers upon the skin, hypertrophy of the liver and great derangement of the nervous system, in hateful, vindictive people. Painful swelling of bones.

In syphilis its particular sphere is

the mucus patches, mucus tubercles, and general weakness of the constitution denoting that the system has been poisoned by mercury, or shattered by the disease itself. Hereditary syphilitic symptoms.

Syphilitic eruptions of the skin, in the advanced stage, with superficial ulcers and pains in the bones.

Affections occurring after typhoid fever, especially if treated with calomel.

3. It is a great anti-sycotic. *Nitric acid* has fig-warts about the genitals and anus which bleed easily, are soft and pulpy.

Seed warts about the hands.

Warts anywhere that are *pulpy* and *bleed easily*.

Condylomata.

Large, jagged, pedunculated, bleeding readily on washing, moist, oozing, with sticking pain.

A psoric patient, big, fat, flabby, easily tired out, a *Calcareæ* patient, will be relieved by *Calcareæ* for months, building him up; but all at once he takes a turn and bronchitis comes on, difficult breathing, ulceration of the throat, soft, flabby muscles, feeble, waxy countenance and suddenly about the anus and genitals a crop of warts breaks out. On inquiry, history of gonorrhœa in early days. *Nitric acid* is the remedy to build him up now. Two miasms—psora and sycosis—have been working in the system at one time; *one has been suppressed and the other is on the top*. *Nitric acid* meets the patient well. It is a great anti-sycotic to meet the topmost miasm, sycosis, as well as a great anti-psoric to meet the suppressed psoric condition. (Kent).

4. **Constitution.**—Suited to lean, hungry, tired and weak, who has been losing flesh for sometime. Or, a big, fat, flabby, easily tired person. He must be in bed most of the time.

Dark complexion; black hair and eyes; sickly face, yellow, sallow, lean,

doughy, with sore eyes, and fissures in the corners of the eyes and mouth.

*Nitric acid* patient has no endurance; his heart palpitates on the slightest exertion, but he is ameliorated from passive gliding motion. He cannot exert himself, but he will ride on a smooth road ten or twelve miles perfectly well.

It acts more beneficially with patients of a tense fibre (brunettes) than with those of a lax fibre (blondes).

5. Sad, broken-hearted, anxious, disgusted with life; thinks he has no friends left in the world. There goes on a struggle between a desire to die and a fear of death. Everything disappoints, and he is irritable. He feels estranged among his friends. Weeping mood. Thoughts vanish if he exerts himself to reflect upon things important to him. Memory weak. Mood distrustful; malicious.

6. Ailments from emotions in general.

7. Sensitive to cold. Worse in a cold climate; inclination to take cold; persons suffering with chronic diseases take cold easily: worse from cold raw winds; sensitiveness to open air; he must have warm clothes on, for cold weather, cold air freezes him; from cold he gets neuralgic pains, headache, backache and pains in the limbs; he wants warm applications and applied heat in many localities. Every cold snap aggravates his catarrh.

8. **Sensations.**—*Nitric acid* pains are peculiar. Pains as of sticks in parts in general; as though sharp splinters are being struck into the affected parts on the slightest contact with anything. The pains are sticking, pricking as from splinters, gnawing here and there as from ulcers forming, and burping. Fish-bone or splinter-like pains in throat. The nose is full of splinters; sticking, jagging and pricking pains along the sides of the nose, septum and far up the nose. Sticking, splinter-like pains in



urethra in gonorrhœa. In leucorrhœa with ulceration of cervix the same sticking, splinter-like pains. Little boils, eruptions, piles, ingrowing toenails, ulcers in any part of the body, inflammation of any place, all have this *sticking, pricking, burning, splinter-like* pains, worse especially at night, after exposure to or application of cold and on the slightest contact. Aching in bones, from syphilitic and mercurial poisons.

All *Nitric acid* ulcers, eruptions, patches, vesicles, etc., are associated with *burning* pains, I have found it very characteristic.

9. **Ulcers.**—*Nitric acid* has ulcers and erosions of mucus surfaces, worse where they join the skin. This particular affinity for the outlets of mucus membranes, where the skin and membrane join, such as the mouth, nose, anus, eyes, vagina, meatus urinarius, etc. Ulceration of mucus surfaces, or ulcers in general with tendency to rapid destruction of tissue; zigzag, irregular edges; easily bleeding; splinter-like pains, especially on contact; base looking like raw flesh; exuberant granulations. Syphilitic, mercurial or syphilitico-mercurial in origin. The ulcers calling for *Nitric acid* are offensive and characteristically irregular in outline, tend to spread at the periphery, but more deeply than those arising from mercury (which produces superficial flat ulcers). Eruptions and ulcers anywhere; ulcers spread. Eruptions itch or ulceration among whiskers, ulcerating, pustular eruptions on face; unhealthy skin everywhere; small wounds and bruises suppurate and do not heal.

Fistulous passages anywhere that will not heal; fistula-in-ano; fissure in rectum; abscesses that have formed do not heal and flow from fistulous opening; diseased bone with fistulous openings.

The characteristic pains often mark

out *Nitric acid* patient.

10. **Discharges.**—*Nitric acid* discharges are all *acid, excoriating* and cause redness of parts they touch.

The saliva is acid, excoriating, producing red spots.

Tears and other fluid from eyes, discharges from nose, etc., are excoriating and are attended with smarting and burning.

Ulcers on head or anywhere else have offensive excoriating discharges, which (if on head, take the hair off) causes excoriation and redness where they touch.

11. **Odors.**—*Nitric acid* discharges are offensive.

The *Nitric acid* patient is fœtid, offensive, full of odors; the discharges smell strong; the urine smells like that of the horse; the leucorrhœa is offensive; the nasal discharge, the breath, the footsweat, all discharges are offensive, fœtid; sour at times, but more often a strong pungent odor.

Discharges are thin, of a brown or dirty yellowish-green color. Rarely laudable pus.

*Nitric acid* ulcers are worse from application of cold water.

12. **Hemorrhages.**—*Nitric acid* is a great hemorrhage remedy.

Bleeding of all mucus membranes; of ulcers, small or large; of inflamed parts.

Profuse bright or dark bleeding.

Bleeding from bowels in typhoid or typhus; after miscarriage or post-partum; from over exertion of body.

Tendency to bleed easily.

13. **Sensitive.**—*Nitric acid* patient is sensitive to noise in his pains and headaches; the noise of a carriage, the rattle of wagons over paved streets are very painful. Wants the doors to be closed with gentleness; wants people to walk on the floor without noise; when ill the front of the house to be covered with

something soft to avoid carriages producing noise.

**14. Head.**—*Nitric acid* has serious head troubles.

Tearing headache in the forehead.

Full feeling in the occiput and stitches all over.

Full feeling, as if in a vise from ear to ear, over vertex.

Feeling of a tight band around head.

Headache, hyperemia of the brain.

Caries of the skull bones in syphilitic, mercurial or syphilitico-mercurial subjects. Rheumatic headache in such constitutions.

Better when riding in a carriage, or walking about.

Scald head, tendency to ulceration, fluids offensive, bleed easily, especially in syphilitic, mercurial or syphilitico-mercurial constitution.

**15. Nose.**—The nose has the characteristic sticking, splinter-like pains. Every cold causes catarrh and stops up the nose; sneezing; burning, smarting and sticking in nose. Fluent coryza, rarely, obstruction of nose. Oftener coryza, particularly when associated with some malignant disease, as scarlatina or diphtheria.

Nasal diphtheria.

Ulceration; crusts form in the nose which necessitate picking, causing bleeding.

Syphilitic ozæna.

Scrofulous ozæna, or ozæna from abuse of mercury.

Green crusts every morning from the nares.

Condylomata on and in nostrils, bleeding on slight touch.

The discharge from nose watery, offensive, excoriating.

Frequent epistaxis.

Offensive smell on drawing in air through the nose; fætor from the nose.

**16. Eye.**—Eye diseases resulting from

syphilis, mercury or syphilis abused with mercury.

Eyelids swell, smart and burn much; conjunctiva inflamed; lachrymation and agglutination of lids; suppuration of the eyes.

Ophthalmia neonatorum, scrofulous, gonorrhœal, syphilitic, mercurial; conjunctiva hyperæmic and chemosed; cornea dim; great photophobia; constant lachrymation and copious secretion of yellow pus, with excessive burning pains at night.

Ulceration of the eyes, of the cornea; inflammation with ulcerous patches. Syphilitic iritis, syphilitico-mercurial iritis and opacities.

Splinter-like pains are characteristic.

Flying black points before the eyes.

Worse from touch, candle light and at night.

**17. Ear.**—Otorrhœa, discharges of very offensive pus from abuse of mercury, from syphilis.

Hardness of hearing ameliorated by riding in carriage or train.

Caries of the mastoid process.

Characteristic pains; otitis.

**18. Throat.**—Sensation of sticking, splinter-like, burning pains in throat.

Ulceration everywhere in throat with sticking, smarting, burning.

Deep ulcer in throat; the ulcers bleed easily and the peculiar tearing, burning, sticking, splinter-like pains are felt in every ulcer, how ever little, on swallowing and touch.

Ulcers on mouth, throat or gums after abuse of mercury or due to syphilis, with acrid saliva.

Stricture of the œsophagus, caused by syphilitic or mercurial ulceration.

Inflammation of mucus membrane of the tongue, mouth and pharynx—all symptoms of diphtheria; pyalism, corroding discharge from nose, swelling of submaxillary and parotid glands, putrid

smelling breath, ulcer all over, frequent urging to urinate, etc.

**19. Mouth.**—Stomacacæ or ulceration of the mouth. In keeping with the character of the drug this stomacacæ is worse where the mucus membrane of the mouth joins the skin, that is, is worse about the lips, with blister and vesicles on and around lips, pyalism, particularly when mercury has been abused. Fissure along the whole length of tongue. Scorbutic gums; they settle away from the teeth and the teeth become loose; the gums bleed on pressure. Sore mouth. canker patches; aphthous condition. Tender to touch, and bleed easily. Throbbing toothache, after mercury, worse at night in bed preventing sleep. Sensation of coldness in teeth.

D yness of the throat. Copious flow of saliva. Putrid smell from the mouth.

**20. Appetite.**—*Nitric acid* patient has great loss of appetite.

Appetite for fatty things; for herring; earth, chalk, lime, starch.

Aversion to boiled meat; to sweet things; to bread, cooked food. Milk disagrees. Dislike to dishes made of meat, or any animal food.

**21. Secretions.**—In keeping with its character of offensiveness of discharges—exhalations and secretions—the stools show great putridity. They are very offensive and are green in color, and in children contain lumps of casein; they are slimy from excess of mucus secretions. Sometimes, particularly in scrofulous children, the stools are pale from deficiency of bile, and pasty and sour as well as offensive.

Before stool—colic.

Drawing pains; cutting; constant pressing in the rectum.

During stool—spasmodic contraction of anus.

Biting or tearing pain in rectum.

Stinging, cutting and straining in anus and rectum.

Tenesmus.

Piles.

After stool—exhaustion.

Burning in anus.

Scratching and stinging in anus and rectum.

Violent cutting and drawing pains in the rectum, continuing for hours.

Rawness and soreness of anus.

Nausea, lassitude, anxiousness and indisposition.

Succus prostaticus.

*Nitric acid* as a remedy having green mucus stools should be studied in infantile diarrhœa, particularly after abuse of mercury, or in children of syphilitic parents. In typhoid fever when diarrhœa supervenes *Nitric acid* with its characteristics is always serviceable especially when mercurial preparations were allopathically given in the beginning.

It has proved serviceable in dysentery of a typhoid type, with diphtheritic deposit on the mucus membrane of the intestines.

*Nitric acid* stools in diarrhœa are always green mucus; flakes of false membrane, putrid, fetid, acrid, sour smelling.

It has hæmorrhoidal constipation. Intestinal obstruction when the stools are difficult and scanty, urine strong smelling, and when there is a sensation in the anus as if fissured during and after stool. A great remedy for constipation, constipation co-existing with *Nitric acid* cachexia, or independent of it. Constipation due to neglect of the calls of nature and allowing the bowels to go unrelieved when the desire was felt. Painless constipation several days. Painless constipation, in hard masses, hard, scanty, enveloped in mucus like sheep-dung, with painful burning in rectum.

Fissures of the anus; fistula-in-ano;

in mercurial, syphilitic or syphilitico-mercurial persons.

Liver diseases due to the abuse or constant use of allopathic mercury or to syphilis. Jaundice from chronic derangements of the liver, costiveness, great tearing pain in rectum continuing a long time after stool, even more intense after a loose stool.

Great hæmorrhoidal remedy.

*Nitric acid* is more appropriate to chronic patients who are inclined to soft stools, while it is seldom applicable to patients inclined to constipation.

**22. Urine.**—Offensive, albuminous, bloody, dark-brown, strong-smelling like that of the horse.

Cold when it passes, scanty.

Hæmaturia; cystitis.

Pains in the lumbar and renal regions with great urgency to urinate, especially after micturition. After abuse of mercury, with syphilis or not.

Before urination—cutting pains in abdomen.

During urination—cutting, burning, soreness or sore pain in urethra.

Stitches in the bladder.

Rigors.

After urination—burning; renewed desire; discharge of mucus.

Urinary sediment is white or reddish. Involuntary discharges of urine. Often alkaline than acid.

**23. Sexual.**—Sexual desire is predominantly decreased. Erections without desire. Impotency.

*Nitric acid* is a gonorrhœa and gleet remedy. It is beneficial after mercurial treatment, when there is painful soreness and small blisters at the orifice of the urethra, will swelling of the urethra, discharge of bloody slime, etc.

In women, vagina swollen, with flat ulcers on inner parts, foetid discharge.

Balanorrhœa.

Small blister on the surface of urethra

and inner surface of the prepuce forming chancre-like ulcers.

Brown painful spots of the size of a pea on the glans, secreting a foetid matter and bleeding when touched.

Itching and burning of the prepuce.

Figwarts after abuse of mercury. Chancres after mercury, especially with granulations, condylomata, deep ulcers, with ragged edges, bleeds easily.

Secondary syphilis.

Hard brown nodules on scrotum.

Suppuration.

Buboes after the failure or abuse of mercury.

Syphilitic erythema, tubercles and other diseases of the skin or mucus membrane after the failure or abuse of mercury.

Ostitis; periostitis; exostosis.

Caries of bones.

Leucorrhœa where a syphilitic, mercurial or a syphilitico-mercurial taint is the basis of the affection.

Cherry brown and fetid leucorrhœa.

Leucorrhœa with swelling of inguinal glands.

Stitches in the vagina shooting upwards.

Acrid leucorrhœa.

Menses too soon, too profuse, fetid, of a reddish brown or dark color, frequently followed by a fetid corrosive leucorrhœa usually after abuse of mercury in syphilitic persons or otherwise.

Displacements, polypi, cancer of uterus.

Metrorrhagia.

Pruritis.

Hypertrophy or atrophy of mammæ, etc., various diseases of women, when abused with mercury or after long-continued use of allopathic mercurial preparations, are amenable to *Nitric acid*.

Milk diminished.

**24. Cough-Expectoration.**—Cough generally dry. Expectoration not con-

stant, morning and day. Respiration with moist sound.

Pleuro-pneumonia with copious greenish, blood-streaked expectoration when the fever increases and the stiltching pain disappears; in old, emaciated, choleric people.

Whooping cough; cough violent, causing gagging; bloody expectoration, the face becomes red and blue when cough comes on; pale when not coughing; rawness of the lips; bleeding of the nose and gums; cracks in the corners of mouth.

(Dr. Farrington strongly recommends it in phthisis).

**25. Fever.**—Intermittent fever, temperature rising in afternoon and evening; chilliness of feet, of soles of feet; dry internal heat at night, desire to uncover, constant paroxysms of flushes of heat of single parts, or over entire body.

The blood seems hot at night, especially in face and hands, with dryness of throat.

Typhoid fever, particularly in the suppurative stage—when Peyer's patches have begun to ulcerate; patient greatly exhausted; stools green, slimy and offensive, sometimes purulent, the pus coming from these ulcers, and there is profuse bright red hæmorrhage from the bowels, with fainting on slightest motion, tongue either white and studded with vesicles or little sore spots, or it is brownish and dry.

Well marked pneumonic complication, seeming to be threatening paralysis of lungs in typhoid fever; this incipient paralysis of the lungs is expressed by loud rattling of mucus in chest.

Pulse intermittent at every third beat.

Hæmorrhage from bowels during typhoid.

**26. Pains.**—*Nitric acid* has rheumatic pains and aches. Pains with swellings, swollen joints, sticky, tearing,

etc., pains in joints at night, especially in syphilitic, mercurial or syphilitico-mercurial or sycotic rheumatism.

Pale, sickly people with gouty attacks; old *Calcareæ* subjects.

Pains cease suddenly and other complaints come on; pains again come on suddenly and extend all over the body, from change of weather, from taking cold, from cold bath, from getting wet.

**27. Glands.**—*Nitric acid* has enlargement of glands. In broken-down constitutions glands enlarge. Enlarged glands in groins, buboes, syphilitic bubo, enlarged axillary and submaxillary glands and glands of neck; parotid glands are enormously swollen, hard and painful; has the sensation of sticks in these enlarged glands; has great tendency to suppuration. Syphilitic nodes, bone pains, etc.

**28. Location.**—*Nitric acid* is a left-sided remedy.

Complaints predominant on inside of nose, on upper gums, on hip-joint, in the kidneys, in hollow of knee, on patella, on upper lip.

**Age.**—Often indicated with old people, particularly old women.

Applicable after continued loss of sleep; long-lasting anxiety; after overexertion of mind and body from nursing the sick.

Awakes too early. Post-scarlatinal complaints. Dropsy.

Ailment from mercury; *Calcareæ*, *Digitalis*.

**29. Aggravations:**

In open air. Outdoors.

In warm air. In warm room.

When growing cold.

From cold diet.

After stool.

From washing and moistening suffering part.

From motion. When walking, especially when walking outdoors.

From bodily exertion.  
 When lying on painful side.  
 From pressure.  
 In wet weather.  
 From cold bath.  
 From touch.  
 When perspiring.  
 On awaking from sleep.  
 From drinking fast.  
 Before a thunder-storm.  
 In the evening. At night. After mid-night.

#### Ameliorations:

In cold weather. Dry weather.  
 Indoors.  
 When growing warm.  
 In bed and from warmth of bed.  
 After perspiration.  
 On an empty stomach.  
 When stooping.  
 From warm diet.  
 When letting diseased limb hang down.

From eructation.  
 From rubbing and scratching.  
 When crossing the limbs.  
 When riding in carriage.  
 In forenoon.  
 Being uncovered.

#### 30. Relationship:

ANTIDOTES — **Calcarea carb.**, **Digitalis**, **Hepar sulph.**, **Mercurius**, **Mezerium sulph.**

COMPATIBLE (that follows well.)—**Arnica**, **Arsenicum**, **Aurum met.**, **Calcarea carb.**, **Carbo-an.**, **Hepar sulph.**, **Kali carb.**, **Kreosotum**, **Lycopodium**, **Mercurius**, **Natrum carb.**, **Phosphorus**, **Pulsatilla**, **Rhus tox.**, **Secale**, **Sepia**, **Silicea**, **Sulphur**, **Thuja**.

COMPLEMENTARY—**Arsenicum**, **Caladium**.

INIMICAL—**Lachesis**.

SIMILAR—**Muriatic ac.**

### THE STUDY OF HYOSCYAMUS NIGER.

M. E. DOUGLASS, M. D., BALTIMORE, MD.

Common name Henbane; introduced into Homœopathic practice in 1805 by Hahnemann.

Henbane is usually a biennial plant, with a long, tapering, whitish, fleshy, somewhat branching root, not unlike that of parsley, for which it has been eaten by mistake, with poisonous effects. The stem, which rises in the second year, is erect, round, branching, from one to four feet high, and thickly furnished with large leaves, soft to the touch, and at their base embrace the stem. Both the stem and leaves are hairy, viscid, and of a sea-green color. The flowers form large, one-sided, leafy spikes, which terminate the branches, and hang downwards. Their color is an obscure yellow, beautifully variegated with purple veins. The fruit is a globular, two-celled capsule, covered with a lid; and contains numerous small seeds,

which are discharged by the horizontal separation of the lid. The whole plant has a rank offensive odor.

The plant is found in the northern and eastern sections of the United States, occupying waste grounds in the older settlements, particularly graveyards, old gardens and the foundations of ruined houses. It grows in great abundance about Detroit, in Michigan. It is not, however, a native of this country, having been introduced from Europe. In Great Britain, and in the continent of Europe, it grows abundantly along the roads, around villages, amidst rubbish, and in uncultivated places.

All parts of *Hyoscyamus niger* are active. The leaves are usually employed, but both these and the seeds are recognized in the United States. Much of the efficacy of Henbane depends upon the time at which it is gathered.

The leaves should be collected soon after the plant has flowered. In the biennial plant, those of the second year are preferred to the first. The latter are less clammy and fetid, yield less extractive, and are medicinally much less efficient. The root also is said to be much more poisonous in the second year than in the first.

**Properties.**—The recent leaves have, when bruised, a strong, disagreeable, narcotic odor, somewhat like that of tobacco. Their taste is mucilaginous and very slightly acid. When dried they have little smell or taste. Thrown upon the fire, they burn with a crackling noise, as if they contained a nitrate, and at the same time emit a strong odor. Their virtues are completely extracted by diluted alcohol. The watery infusion is of a pale-yellow, insipid, with the narcotic odor of the plant.

*Hyoscyamus* ranks among the narcotics. In moderate quantities it usually accelerates the circulation, increases the general warmth, occasions a sense of heat in the throat, and after a short period induces sleep. This action is sometimes attended with vertigo, pain in the head, and dilated pupils; and the medicine occasionally acts as a diaphoretic or diuretic and even produces a pustular eruption. It does not constipate like opium, but, on the contrary, often proves laxative. In overdoses it powerfully irritates the brain and alimentary canal, causing dilatation of the pupil, disordered vision, loss of speech, difficult deglutition, delirious intoxication or stupor, great restlessness or jactitation, sometimes tonic spasms, convulsions, paralysis, pain in the bowels, diarrhœa, excitement of the circulation, followed by great feebleness of the pulse, coldness of the surface, petechiæ, and other alarming symptoms, which sometimes end in death. Dissection exhibits marks of inflammation of the stomach and bowels.

The poisonous effects are to be counteracted in the same manner as those of opium. Animal charcoal has the property of absorbing the active principle, thus rendering it inert, and has been suggested as an antidote. All parts of *Hyoscyamus niger* are deleterious when largely taken, but the seeds are said to be most powerful. Upon inferior animals its effects are not always the same. Though fatal to birds and dogs, its leaves are eaten with entire impunity by horses, cows, sheep, goats and swine.

*Hyoscyamus* is much used in connection with griping cathartics, the disagreeable effects of which it is thought to counteract. In Europe, where the fresh leaves are readily obtained, it is often applied externally in the shape of lotion, cataplasm or fomentation, to allay pain and irritation in scrofulous or cancerous ulcers, scirrhus, hemorrhoidal or other painful tumors, gouty and rheumatic swellings and nervous headache. The smoke of the leaves or seeds has also been used in toothache, but the practice is deemed hazardous. Henbane is used by European oculists for dilating the pupil previously to the operation for cataract. For this purpose an infusion of the leaves, or a solution of the extract is dropped into the eye. The effect is usually greatest at the end of four hours from the application, and in twelve hours ceases entirely. Vision is not impaired during its continuance. A solution of *Hyoscyamia* in the proportion of one grain to twenty-four of water, of which one drop is to be applied to the eye, is recommended. Its solubility in water gives it an advantage for this purpose over atropia, the alcoholic solution of which irritates the conjunctiva. According to Schroff, there is nothing which acts so quickly and so powerfully in dilating the pupil. He uses one part of *Hyoscyamia*, one hundred parts of water and ten of alcohol, the

latter fluid being added to prevent decomposition.

Henbane may be given in substance, extract or tincture. The dose of the powdered leaves is from five to ten grains, of the seeds somewhat less.

#### Official Preparations.

1. *Extractum Hyoscyami*.—The extract is of a dark olive color, of a narcotic rather unpleasant odor, and a bitterish, nauseous, slightly saline taste. It retains its softness for a long time, but at the end of three or four years becomes dry and exhibits, when broken, small crystals of nitrate of potassa and chloride of sodium. Like all the inspissated juices, it is of variable strength, according to its age, the care used in its preparation and the character of the leaves from which it was procured. It is prepared by taking of fresh henbane leaves twelve troy ounces; bruise in a stone mortar, sprinkling on it a little water, and expressing the juice; then, having heated this to the boiling point, strain and evaporate to the proper consistence. In its use it is advisable to begin with a moderate dose, two or three grains for instance, and gradually to increase the quantity till some effect experienced and the degree of efficiency of the particular preparation employed is ascertained. It is usually given in pill. It is sometimes used externally for the same purposes as extract of *Belladonna*.

2. *Extractum Hyoscyami Alcoholicum*.—This is more uniform and powerful than the common extract. The dose is one or two grains, to be gradually increased until its effects are obtained.

3. *Extractum Hyoscyami Fluidum*.—The commencing dose is from five to ten minims.

4. *Tinctura Hyoscyami*.—This may be advantageously substituted as an anodyne and soporific for that of opium,

when the latter disagrees with the patient or is objectionable on account of its property of inducing constipation. When the tincture of henbane purges, as it sometimes does, it may be united with a very small proportion of laudanum. The dose is a fluid drachm. The expressed juice preserved by means of alcohol may be used for the same purposes as the tincture.

#### Chemical Constituents.

*Hyoscyamin* (*Hyoscyamia*, *Duboisin*).— $C^{15}, H^{25}, NO^3$ . This noted, mydriatic, highly poisonous alkaloid is described as an oily liquid, concreting later into virrucose-tufted crystals, which Duquesnel has succeeded in crystallizing into stellately grouped, acicular prisms. The crystals fuse at 194 degrees (F.) and are soluble in ether, chloroform, alcohol and water. *Hyoscyamine* is decomposed by caustic alkalies, and in aqueous solution, when boiled with *Baryta*, it splits into the two following bodies:

(a) *Hyoscine*— $C^8, H^{13}, N$ . This volatile, oily liquid, of an alkaline reaction, having a narcotic odor, is now claimed to be identical with *Tropine* (*Belladonna*); and that *Hyoscine* proper is a second alkaloid of *Hyoscyamus*, yielding different salts than either *Hyoscyamine* or *Tropine*; and

(b) *Hyoscinic acid*— $C^9, H^{10}, O^3$ . This crystalline body, melting at 221 degrees (F.), is isomeric with *Tropic acid* (*Belladonna*) and may yet be found to be identical with it.

*Oil of Hyoscyamus*.—This thin, inodorous, greenish-yellow liquor is obtainable from the seeds by pressure. It has a sp. gr. of 0.913, and is soluble in sixty parts of alcohol.

*Potassium Nitrate*.— $KN O^3$ . Crystals of this salt were isolated from this plant by Attfield.

*Physiological Action*.—All parts of this plant are poisonous; the seeds, how-



ever, are the most active, the root next, and, lastly, the leaves and flowers. The effluvium arising from the cut and bruised leaves has been known to cause of itself vertigo, stupor and syncope.

The action of *Hyoscyamus* upon man is that of a powerful narcotic poison, a severe, cardiac and cerebral stimulant, and tends to produce general paralysis of the nervous system. Of the delirium produced, Dr. Harley remarks—as Dioscorides did before him—that it greatly resembles that produced by alcoholic intoxication.

The symptoms in general resulting from taking the drug are: Lively, wild or lunny delirium, tending more to the grotesque than to the harmful type; the patient laughs, talks, gesticulates, dances, etc., and carphologia is often noticed; vertigo and confusion; eyes red, wild and sparkling, with dilatation of the pupils; insensibility of the retina and illusions of sight; redness of the face; dryness of the mucous membranes of the mouth and fauces; paralysis of the tongue; difficult deglutition; nausea and vomiting; tympanitic distension of the abdomen; diarrhœa and involuntary passages; paralysis of the bladder and retention of urine; dry cough; rapid, irregular heart's action; trembling of the upper limbs, weakness of the legs; convulsions; insomnia; chill, fever and sweat.

#### Therapeutic Action From the Allopathic Stand-point.

*Febricula*.—*Hyoscyamus* is very useful in cases of febricula. The usual symptoms of this malady are dry, hot skin, hard and full pulse, headache, restlessness and irritability, accompanied by sleeplessness, slight delirium, thirst, dry furred tongue, constipation, and scanty and high-colored urine. The head symptoms are speedily relieved by *Hyoscyamus*, and the tongue becomes moist under its influence, and if the ex-

hibition of the medicine be continued, the constipation is removed and a daily laxative action takes its place. (*Belladonna* in many instances produces similar effects).

*Monomania*.—In hypochondriacal monomania, when the patient suffers from such mental symptoms as syphilophobia, when really he has no reason to think himself the subject of any venereal taint, *Hyoscyamus* will relieve the distressing despondency, and in many instances remove the hallucination.

*Sunstroke*.—In cases of mild sunstroke or heatstroke, where the patient has suffered more or less from faintness, vertigo, headache, a sense of tightness across the chest and forehead, a quick and full pulse, sleeplessness and much nervous irritability. In the convulsions of children, when brought about by undue exposure to the heat of the sun, *Hyoscyamus* is a more valuable remedy even than *Belladonna*.

*Sub acute Meningitis*.—*Hyoscyamus* is valuable in sub acute meningitis, and in the recent and less acute delirium which accompanies typhus.

*Delirium Tremens*.—In some forms of delirium tremens it acts admirably.

*Coughs*.—Spasmodic throat coughs of a tickling and irritating character, such as occur principally during the night, debarring the patient from sleep for many hours together, are quickly mitigated by *Hyoscyamus*. It is very useful also in night coughs which are incessant for a long period and which actually trouble the patient during sleep.

*Palpitation*.—Nervous palpitations of the heart of a spasmodic character; violent palpitations also, which depend upon an excited condition of the brain, are frequently removed by *Hyoscyamus*.

*Breasts painfully distended with milk* are quickly relieved by a plaster of *Hyoscyamus*, like that of *Belladonna*, be-

ing laid upon them.

**Cancer and Hemorrhoids.**—In the form of cataplasm, the bruised leaves of the plant are often advantageously used, alike for the purpose last referred to and for cancers and scrofulous ulcers, as well as for hemorrhoids and other painful complaints.

**Constipation.**—When the bowels are confined and irritable, and when it becomes necessary to promote their secretion by the use of colocynth or some other drastic, *Hyoscyamus* is usually prescribed in addition, since it prevents the griping action of the drastic, and yet does not diminish the general effect, or at least not to any important extent. *Hyoscyamus*, when used for any complaint whatever in which opium is ordinarily employed, is superior to that drug, in so far as it possesses little tendency to confine the bowels. *Hyoscyamus* in some cases produces unpleasant symptoms, and the sleep which supervenes upon the exhibition of it is sometimes uncertain, labored and unrefreshing; hence, it is generally resorted to as a secondary medicine rather than as one to which we may confidently apply at first for its anodyne and hypnotic effects.

**Toothache.**—The good effects of smoking the seeds after the manner of tobacco in the treatment of toothache, resemble those of smoking *Stramonium* seeds, and are well known, both in professional and in domestic medicine. The remedy is one, however, which must be resorted to with caution, since the smoking of these seeds has been followed in certain cases by convulsions and temporary insanity.

#### **Preparation for Homœopathic Use**

—The fresh blooming plant is prepared as directed under Class 1.

The resulting tincture has a clear brownish-orange color by transmitted light; the strong, heavy odor of the

plant; an unpleasant, slightly bitter taste, and an acid reaction.

**General Analysis.**—Acts especially upon the cerebro-spinal system, affecting particularly the sensorium and the muscular systems. In the former producing perversion of the perceptive and intellectual faculties—illusions and hallucinations and also causing a distinct mania partaking of the quarrelsome or obscene character. While in its action upon the cerebral functions, *Hyoscyamus* has much in common with *Belladonna* and *Stramonium*, there is an essential difference in that it does not produce the cerebral hyperæmia so characteristic of the former, nor the intensely high degree of maniacal excitement caused by *Stramonium*. Its functional excitement is moderate, and the circulatory disturbance never goes on to inflammation. Hence its cerebral manifestations partake more of a purely nervous excitability and resemble more particularly the type of cerebral disorder occurring in typhoid conditions, typhus fever and delirium tremens. On the muscular system, through the motor nerves, it acts with great power, producing paralysis, spasmodic affections of single parts, and convulsions, but more especially paralysis of the involuntary system. The most essential feature of the drug is its increased sensorial activity and nervous excitement.

**Characteristics.**—Mental—delirium and restlessness; would not stay in bed.

Makes ridiculous gestures like a dancing clown.

Comical alienation of mind; they perform ludicrous actions like monkeys.

Strip themselves naked.

Catching at the air, or at some imaginary appearance, then pulling the bed-clothes.

Sings amorous and obscene songs.

Talks more than usual, and more

animatedly and hurriedly.  
Lies naked in bed and prattles.  
He mutters absurd things to himself.  
Dread of water.  
He is violent and beats people.  
While reading, interpolates improper words and sentences.  
Complete loss of consciousness.

EYES.

Eyes look red, wild and sparkling.  
Distortion of the eyes.  
Pupils dilated, insensible.  
It seems as though a veil were before the eyes; he could see scarcely three steps.  
Illusions of vision; small objects seem very large.

FACE.

Flushed and excited countenance.  
Heat and redness of the face.

MOUTH.

Dryness of the mouth, tongue, lips and fauces.

THROAT.

The throat feels constricted, impairing swallowing.

ABDOMEN.

Cutting low down in the abdomen.  
The stool passed involuntarily in bed.

URINE.

Retention of urine.

MENSTRUATION.

Labor-like pains, previous to menstruation, in the uterus, with drawings in the loins and small of the back.  
Menstruation appears with profuse perspiration, headache and nausea.

RESPIRATORY ORGANS.

Much mucus in the larynx and air-passages, which makes the speech and voice rough.  
Frequent cough at night, which always wakes him, after which he again falls asleep.  
Almost incessant cough while lying down, which disappears on sitting up.  
Dry cough at night.

EXTREMITIES.

Trembling of the limbs.  
Frequent twitchings of the hands and feet.  
The toes become spasmodically flexed as from cramp when walking or carrying the foot forward and on ascending.  
Frequent subsultus tendinum and a furious delirium, so that he became uncontrollable; during the periods of remission he was engaged in catching at flocks in the air or pulling at the bed-clothes.  
Convulsions; the spasms flex the limbs and the bent body is tossed upward.  
Rigid all over, as in tetanus.  
Falls suddenly to the ground with cries and convulsions.  
Excessive animation, restless, hurry.  
Hysterical pain previous to the appearance of the menses.

SLEEP.

Long-continued sleeplessness.  
Sleepless on account of quiet mental activity.  
Starts up in sleep from affright.

## COMPARATIVE MATERIA MEDICA.

(Continued.)

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## CUPRUM.

**General Action:** Through the cerebro-spinal nervous system *Cuprum* acts as a depressant and ultimately *paralysis* follows if nothing is done to neutralize its action.

Locally it is an *irritant*, and from a material standpoint there is over stimulation of the part with which it may be brought in contact. As a result of this over action of the *motor* tract we are apt to have both *clonic* and *tonic* spasms. It may take the form of simple convulsions with colic or a regular tetanus.

If taken into the stomach in such a way as to be retained for any length of time there will be a severe inflammation, but through its action upon the pneumogastric nerve it may become a violent emetic, or produce intense dyspnœa if received by inhalation. It will be noted that the most profound effects are produced by the small doses because the irritation produced is not sufficient to cause its prompt elimination. The action upon the spinal cord is *secondary* to the action at point of contact.

The paralysis follows as a sequence of that intense irritation whereby the motor tract is exhausted through the prolonged and excessive demands made upon it. It begins at the periphery and extends toward the center. If death does not result from arrested respiration it may be caused by paralysis of the heart.

The cerebro paralysis is one of the best illustrations of this *secondary* action both in the pathogenesis and from a therapeutic standpoint, e. g., the cerebral symptoms are to a certain degree preceded by a change in tissues in remote parts of the body—a sort of metastasis.

The *fatty* degeneration will be found in the glandular organs of elimination—liver and kidneys.

## Special Action.

## I. LOCAL IRRITANT.

- (a) *Stomach*—Spasm, emesis (pneugastric).
- (b) *Bronchi*—Dyspnœa.
- (c) *Intestines*—Colic, cramp, inflammation.

## II. PARALYSIS—Motor.

- (a) *Vaso-motor* — Lowered blood pressure.

## III. DEGENERATION—Fatty, granular.

- (a) *Liver*.
- (b) *Kidneys*

**Cerebrum.**—It was not proper to include this among the cerebral remedies although the symptoms may be very pronounced because there is no evidence of any direct connection between the action of the drug and the symptoms which seem of cerebral origin. There may be mental anguish, anxiety and even intense suffering due to the hyperæmia in the meninges of the brain, but the significant fact is made apparent in the history which shows a transference of the trouble from some other portion of the body as a suppressed eruption, retrocession from some internal cause. There will be the typical convulsions, wild delirium, clonic spasm of extremities, head drawn backward, clenched hands, cyanosis due to the dyspnoea, etc., etc.

## DIGITALIS PURPUREA.

**General Action:** We must look to its action on the heart and arteries for an explanation of the pathogenesis of this drug; it differs from the action of

every other drug which makes it quite difficult to properly estimate the relative importance of the different media through which the action is brought to bear upon the heart. Certain portions of the phenomena would lead to the inference that it acts through the pneumogastric nerve, but other phases of its action would contra-indicate this theory. Some authorities declare it to be a cardiac poison, but if it is a poison of any kind, the effect must be manifest through the nervous system. It is evident that the blood pressure is increased up to a period almost immediately preceding death and this would demonstrate conclusively that there must be stimulation either of the ganglia situated in the heart muscle, or a paralysis of the inhibitory center of the pneumogastric. It is certain that the pulse rate is decreased, even though the blood pressure be increased. This study must be deferred until we take upon the comparative study of remedies upon the heart and circulation because we are dealing with the action upon the cerebrum and spinal cord at the present time.

The reflexes of the spinal cord are decreased probably by paralysis of the cord. This is made apparent by the prostration, difficulty in standing erect, feeling of muscular relaxation, faintness, with cold, clammy sweat.

### Special Action.

#### I. STIMULATION.

- (a) *Heart* (ganglia)—Muscular, tonic contraction, slow action, increased pressure.
- (b) *Arteries*—Vaso-motor, contraction, lowered temperature.
- (c) *Kidneys*—Diuresis.
- (d) *Glands*—Salivation.

#### II. PARALYSIS.

- (a) *Spinal cord*—Loss of reflexes, muscular weakness.
- (b) *Vagi*—Lessened inhibitory ac-

tion, congestion.

(c) *Brain*—Congestion, delirium.

(d) *Liver*—Congestion (portal), jaundice.

(e) *Sexual organs*—Impotency.

**Cerebrum.**—There is no characteristic pain but a feeling of *fulness* which is intensified by the feeling of profound **weakness**. The **vertigo** is intimately associated with the *faintness*, muscular *weakness*, slow pulsation and cold perspiration. It differs from *camphor* in the *slowness* of the action, the *slow* but *strong* pulse and the absence of any muscular *contractions*. It resembles *Helleborus* in almost every thing but the pulse which is *small* and *tremulous*.

### GELSEMIUM.

**General Action:** One word expresses the general and special action of this drug—**Paralysis** pure and simple. It acts upon the *motor center* of the *spinal cord* and seems to have but little action either directly or indirectly upon the higher functions of the brain. It does not stop with the *motor center*, but invades the *sensory* portion of the cord until we have more or less absence of sensation. Consciousness is one of the last things to be impaired.

It is true that in the early stages of its action there may be more or less spasmodic action, in fact, where the action is only partially complete there may be considerable convulsive action. This is characteristic and very helpful in the differentiation of this remedy from others of the same class. It may be expressed by the term *want of co-ordination*.

### Special Action.

#### I. PARALYSIS — Spinal cord, motor center, sensory, congestion.

- (a) *Lungs* — Asphyxia (respiratory center).
- (b) *Heart* (rapid pulse)—Decreased

blood pressure, lowered temperature.

(c) *Eye* (oculo-motor)—Double vision, ptosis, neuralgia.

(d) *Sexual organs* (male)—Emissions, impotence.

*Sexual organs* (female)—Spasms, neuralgia.

(e) *Urinary organs*—Sphincter, diuresis, enuresis.

**Cerebrum.**—**Vertigo** is a prominent sensation—a feeling of giddiness or *light-headedness* with *blurred* or double vision. It is due to the lack of co-ordination of muscles of the extremities, hence is < *sudden movement of head or walking*. This lack of control over motor impulses gives to the head a feeling of *heaviness* and the tendency is for the head to incline forward with chin resting upon the breast.

The *mental* symptoms are marked by languor, inability to think or fix the attention upon any object. The effort to think usually brings on most of the neuralgic pains about the eye and head, especially when this mental effort is associated with some *movement of the eye-ball*.

#### GLONOINE.

**General Action:** Nitro-Glycerine is one of the most *violent* acting remedies in our materia medica. The violence is due to the *rapidity* of its action upon the nerve centers in the medulla. It would seem as though the *explosive* action of the substance explains the method by which the nerve centers are so profoundly impressed in so short a time. Immediately after its injection there is restlessness with rapid respiration, but in a moment or two there is a feeling of general relaxation with intense *throbbing* throughout the head and body.

There is a sudden *increase* in the *frequency* of the heart's action which may be due to stimulation of the heart or

*paralysis* of the vagi, but this does not fully account for the intense cerebral *congestion*. There is a sudden *flushing* of the face so there must be a *paralysis* of the *vaso motor* center and the *inhibitory* center of the vagi. The points of differentiation with *Amyl nitrite* are the *transitory* action of the latter with the almost imperceptible throbbing.

#### Special Action.

1. PARALYSIS—Nerve centers, medulla.

(a) Vaso-motor—congestion, brain.

(b) Vagi—inhibitory action diminished—heart's action increased.

**Cerebrum.**—The action seems to be centered upon the cerebral vessels, but this is only a seeming due to the bony confines of the vessels. There is intense *congestion* owing to the relaxed blood vessels with *throbbing* due to the unresisted action of the heart. There is a sense of *fulness* especially at the base of the brain which is aggravated by motion or stooping. The sensation is very similar to that of "*hanging with head downward*."

The pains of the head are due to the congestion in all the arteries and depend upon the sensitiveness of the patient. There may be an inclination to hold the head with the hand but anything that will increase the congestion aggravates the pain.

In the *mental* sphere there is a feeling of *confusion* so that the patient **cannot tell where he is scarcely knows what he is about**. The similarity of this condition to that of sunstroke points to a very important curative sphere. The chronic after-effects from prolonged exposure to great heat have yielded to the action of this remedy when indication were right.

#### HELLEBORUS NIGER.

**General Action:** Stille says: "The breathing soon grows laborious and slow, the pulse slackens and in a few

moments a disposition to vomit is apparent; mucus and bile are thrown up, saliva is copiously discharged and there are signs of abdominal pain." From this it is evident that the *spinal cord* and the *vagi* are the media through which the action is made manifest. Phillips says: "Respiration lasts longer than the action of the heart; respiration is nevertheless affected." A further study of the pathogenesis shows conclusively that its inhibitory action on the heart is *stimulated* as a reflex irritation upon the abdominal viscera—and especially the stomach.

Through the spinal cord there is both *motor* and *sensory stimulation* up to a certain point when *paralysis* finally ends the story. This paralysis begins with the extremities and death is caused by paralysis of the heart.

Its action upon the heart is similar to that of *Digitalis*, only more intense. In small doses where the irritating properties of the drug are absent, the general systemic effect partakes more of the *secondary* or *depressant* than that of the *stimulant*.

The circulation becomes slow and the pulse small and tremulous. The lessened blood pressure favors nervous stasis and dropsical effusion. It will be seen from this that we have a double set of phenomena coming under the action of this remedy and that the therapeutic indications depend upon the stage in the progress of the disease in which we find the patient.

#### Special Action.

- I. STIMULATION.—Cerebro—spinal—(sensory)—primary.
  - (a) Digestive organs.
    - Glands—increased secretion.
    - Stomach—nausea—vomiting (vagi).
    - Intestines—congestion—inflammation—hydrogogue cathartic.
  - (b) Kidneys—congestion—inflammation—albuminaria.
  - (c) Circulation (vagi).
    - Heart—action slow—force increased.
  - (d) Brain—congestion—inflammation—effusion.
  - (e) Serous membrane—inflammation—effusion.
- II. PARALYSIS—Cerebro-spinal (motor)—secondary.
  - (a) Extremities—weakness.
  - (b) Brain—stupor—blunting of special senses.

**Cerebrum.**—This is really the most important sphere of action of this peculiar drug and its usefulness in every portion of the body is largely dependent upon the *mental* state of the patient. During the early stage of the disease there may be delirium with vivid illusions, or *anxiety with restlessness*, but its most prominent characteristic is the tendency toward profound **stupor**. There is great difficulty in arousing the patient and when aroused the comprehension is so impaired that questions are answered with great difficulty. The mind seems to have lost control over the functions of the body. This stupor is due to the effusion of blood into the brain. Associated with this is the great physical weakness with evidence of both *motor* and *sensory* paralysis.

Even during the period of stimulation there is no great excitement, but a restless anxiety with some *motor* disturbance in various parts of the body. This soon gives place to a feeling of stupor in which the *sensory* disturbances are not sufficient to arouse the prover. There is nothing in the pathogenesis of the drug to justify the conclusion that the *congestion* or *inflammation* was sufficient to cause the *stupefaction*, so we must attribute it to the *effusion* from the serous membranes into the cavities of the brain during the brief

period of *stimulation*. Other remedies have effusion of watery serum into serous cavities with stupor, e. g., *Apis* with its sudden shrill cry as of agonizing pain, but the antecedent history and totality makes this remedy practically stand alone in *uncomplicated* meningitis with effusion.

Hahnemann says: "I conclude from various observations, that *stupor*, blunting of the general sensibility, a condition in which, with unimpaired vision, the patient, nevertheless, sees imperfectly and does not regard the objects it sees; with the apparatus of hearing intact yet hears nothing distinctly or comprehends; with his organs of taste in working order, yet finds not the proper taste in anything; is always, or often, distraught, hardly remembers, if at all, the past or what has just happened; has no pleasure in anything; slumbers but lightly without a sound or refreshing sleep; undertakes to work without having power or strength to attend to his work.

#### HYOSCYAMUS NIGER.

**General Action.**—A cerebro-spinal *stimulant* very similar in action to *Belladonna* and *Stramonium* from the superficial standpoint of the "old school" investigators. According to White this similarity is due to the "identity of the *hyoscyamine* in *Hyoscyamus*, *atropine* in *Belladonna*, and the *daturine* in *Stramonium*." According to the same author "the chief points of difference is due to the addition of *hyoscine* which gives the *peculiar* effects of this drug." In our

study of its action we must compare it with the other two remedies and thereby learn its peculiar sphere of action. These peculiarities will be brought out as we study the special action. To quote again from White:

(1). "This (*hyoscine*) is a powerful cerebral and spinal sedative (*depressant*), and therefore the *excitation* and *delirium* occasioned by the *atropine* in *Belladonna* are not so evident when the *Hyoscyamus* is given; indeed, that may, owing to the *hyoscine* in it, distinctly *depress* the higher functions of the brain. The heart is not quite so powerfully affected by the *Hyoscyamus* as by the *Belladonna* for *hyoscyine* has a comparatively feeble cardiac influence."

(2). "*Hyoscyamus* increases the *peristaltic contractions* of the intestines more powerfully than *Belladonna*, and at the same time it is more efficient in *relieving the gripping* of other purgatives."

(3). "*Hyoscyamus* has a more marked *sedative* action on the urinary *unstriated* muscle than *Belladonna*."

We would express the differentiation in general to be **absence of both fever and pain** another singular peculiarity is the fact that children must take large doses while old people are very susceptible to its action. The *stimulating* action seems to be confined to the cerebrum and may last for some time without producing inflammation. Its stimulating action must be confined almost entirely to the lower perceptive faculties in contra distinction to that of *Belladonna* and *Stramonium*.

Gross in his *Comparative Materia Medica* shows the following differentiation:

##### **Belladonna.**

1. Skin and muscles rigid, apoplexia sanguinea.
2. *Complaints of internal organs predominate.*
3. Paralysis generally painful; eruption same.

##### **Hyoscyamus.**

1. Skin and muscles lax, apoplexia nervosa.
2. *Complaints of external organs predominate.*
3. Paralysis painless.



4. Dejection, indifference, absent-mindedness.

5. Sexual desire, indifference.

6. Catamenia too soon.

7. Aggravation from pressure.

8. " sitting bent forward.

9. " when lying and after getting up.

4. Haughtiness, amateness, jealousy.

5. Sexual desire, excessive.

6. Catamenia too late.

7. Ammelioration.

8. "

9. Aggravation when getting up and sitting erect.

### Special Senses.

#### I. STIMULATION.

(a) Brain—violent—talkative—quarrelsome—obscene delirium—(insomnia).

(b) Spinal cord (motor tract) convulsions.

#### II. PARALYSIS—Spinal cord (motor tract).

(a) Eye—mydriatic (ocular-motor).

(b) Ear—deafness (auditory).

(c) Digestive tract—sphincter—involuntary diarrhoea.

(d) Urinary organs—sphincter—diuresis.

**Cerebrum.**—The stimulating of both the sensory and motor centers gives

violence to the *delirium* as well as the movements of the body. The delirium may take the form of loquacity, obscenity, quarrelsome, foolish, or extreme excitement. There is no evidence of *inflammation* but rather a general perversion of the functional activities of the faculties located at or near the base of the brain. The higher faculties of the brain do not seem to be involved.

[We reproduce the excellent differential analysis by Dr. Edward Fornias, which appeared in the *ADVOCATE* for March, 1899, because it gives the most concise picture of the action of these three drugs of which we have any knowledge].

# DIFFERENTIAL ANALYSIS.

## BELLADONNA.

### 1-BRAIN.

**Intense congestion and inflammation**, involving cerebral and spinal meninges, with *high fever, vascular disturbances, excitability of senses, and hyperaesthesia of sensory and motor nerves.*

### 2-SENSORIUM.

a.) **Irritability of the senses**, with prominent hyperacusis and photophobia.

b.) **Wild delirium, febrile, boisterous**, the result of vascular congestion, and inflammation, with flushed face, injected eyes, dilated pupils, throbbing carotids, headache.

c.) **Excitement, perversion**, the result of active congestion with transient hallucinations, delusions; fear, violence, and tendency to run about or to escape from the room or bed. Sees animals, conflagration, corpses, ghosts, monsters, insects, etc.

d.) **Mania, febrile, temporary, indistinct**. Thinks himself suddenly rich; loquacious, then mute; merry, then quarrelsome; fancies himself assailed by robbers, hideous faces, black dogs and insects. Laughter; foolish manners.

e.) **Depression**, the result of congestion, with symptoms of irritation, etc. **Drowsiness, stupor** if aroused the patient is violent, or alternates between delirium and stupor.

f.) **Sleep**, unrefreshing, disturbed by anxious dreams about murder, robbers, or fire. **Wakes in a fright**; as if confused, or when just fallen asleep. **Insomnia** from anxiety, or brain exhaustion.

### 3-SPINAL CORD.

**Congestion, inflammation, tonic contractions, stiffness, opisthotonos. Clonic spasms, twitchings, trembling. Epileptiform convulsions**, with forward and backward movements. **Spasms** renewed by touch or loud noise.

### 4-LOCAL SPASMS.

**Spasms of the muscles of the face and mouth. Squinting; Trismus. Gritting teeth; Cystospasmus, with retention of urine. Uterine spasms. Rigid os.**

### 5-PARALYTIC CONDITIONS.

**Dilated pupils. Paralysis of the sphincter vesicae, with voluntary micturition. Wetting of the bed in children. Enuresis.**

### 6-GENERALITIES.

**Febrile wild delirium, with great vascular disturbance and intolerance of light and noise. Transient hallucination. Disposition to strike, bite, escape, or hide. Congestive, throbbing headache. Sore throat, without plastic deposit. Spasmodic, dry cough. Smooth scarlet rash. Pains come and go suddenly. Sudden appearance and disappearance of symptoms. Bad effects from draughts, from having the hair cut, and sudden changes from warm to cold. In young and plethoric subjects.**

## HYOSCYAMUS.

### 1-BRAIN.

**Slight congestion**, never going on to inflammation, but **great sensorial perversion and nervous excitement** without fever or pain. **Stupor, with muttering and twitching.**

### 2-SENSORIUM.

a.) **Irritability of the senses** with aversion for light and company, and photopsia.

b.) **Active delirium, subdued form**, in the course of acute diseases, with psycho-motor display, partially controlled by persuasion; no evidence of absolute inflammation and congestion.

c.) **Excitement, perversion**, almost absolutely without fever, bewildering hallucinations, illusions, etc.; foolish laughter, chattering, quarreling, refuses to be covered, tries to escape and expose himself and walk about nude. Sees people, crabs, fowls, geese, devils, etc.

d.) **Mania, very distinct, persisting** and partaking of the self-conceited, loquacious, quarrelsome, but principally lascivious character, with unbecoming language and unchaste gestures and actions. **Jealousy. Fear of being poisoned.**

e.) **Depression**, assuming a typhoid character, with dullness of the perceptive faculties, general torpor, subsultus tendinum, and momentary reaction from the stupor.

f.) **Sleep, restless, with subsultus, disturbed by anxious or lascivious dreams. Falls asleep while answering. Wakes nervous, screaming whining. Insomnia from nervous excitability, or after violent, acute diseases.**

### 3-SPINAL CORD.

*No evidence of congestion or inflammation. Varying from twitching of single muscle-groups to general epileptiform convulsions, the angular motions being characteristic. Spasms occur after every motion or least fright.*

### 4-LOCAL SPASMS.

**Spasms causing closure of eye-lids, rolling of the eyes, twitching of the facial muscles, distortion of face, risus sardonicus, trismus, gritting teeth and dysphagia.**

### 5-PARALYTIC CONDITIONS.

**Dilated pupils. Paralysis of both sphincter and vesicae, with involuntary defecation and micturition.**

### 6-GENERALITIES.

**Sensorial excitement, with great nervous irritability and aversion for light and company. Bewildering hallucinations. Disposition to quarrel. Photopsia. Delusory exaltation, brought under control by persuasion. Nymphomania, with indecent language and unchaste behavior. Loquacious, or reserved. Idea of persecution. Spasmodic cough at night, worse lying, better sitting up. Subsultus tendinum. Involuntary urination and defecation. Bad effects from jealousy and unhappy love.**

## STRAMONIUM.

### 1-BRAIN.

**Active congestion** falling short of inflammation, but **highest degree of sensorial exaltation and furious delirium**, with little or no fever, and without pain. **Coma.**

### 2-SENSORIUM.

a.) **Irritability of senses**, with desire for light and company, or photomania

b.) **Frantic delirium, indomitable**, in the course of acute diseases, with violent psycho-motor display, uncontrollable, some evidence of congestion, attended or not by fever.

c.) **Exaltation, perversion** frightful hallucinations, delusions, with moderate or no fever, talking, singing, praying, swearing; fever, suspicion, vigilance; irrepressible impulses to strike, bite, tear, etc. Sees ghosts, rats, mice, vermin, cats, snakes, vision of beasts etc.

d.) **Mania, very distinct, variable** and partaking of the good natured, gossipy, loquacious, but principally frantic character, amounting to: **absolute rage, with violence. Melancholia** with religious or satanic ideas, etc.

e.) **Depression**, the result of congestion, or excitement; **somnolence, stupor**, with snoring tremor, etc.; ending or not in coma, with suppression of urine.

f.) **Sleep, deep with snoring, or disturbed by sexual organs, or terrible dreams, about vicious animals. Wake serious, and mystified; affright, clings to those near. Insomnia from prolonged exaltation, or brain exhaustion.**

### 3-SPINAL CORD.

*No congestion or inflammation. Isolated spasms. Choreiform movements. Epileptiform convulsions; principally partial, affecting the upper extremities, with graceful gyratory movements. Spasms, renewed by sight of water.*

### 4-LOCAL SPASMS.

**Spasms causing staring, frowning, distortion of face, thrusting of the tongue, difficult speech, dysphagia, jerky breathing, hicough, and urination in small jets.**

### 5-PARALYTIC CONDITIONS.

**Dilated pupils. Incomplete paralysis of sphincter vesicae, the urine dribbles slowly and feebly. Spec affected.**

### 6-GENERALITIES.

**Maniacal exaltation, with obscene insomnia, vigilance and desire for light and company. Terrifying hallucinations. Violent outbursts, with attempts to strike and bite. Mania a-potu. Dread of water. Dysphagia. Hydrophobia. Photomania. Panphobia. Erotomania. Good humor. Ecstas. Melancholia, with religious ideas persecution. Erroneous ideas as to shape, or position of the body. Stammering. Aphasia. Suppression of urine. Painlessness with most ailments. Bad effects from alcohol or suppressed rashes.**

## DIGITALIS AND ITS ACTIVE PRINCIPLES.

The physiologic action of *Digitalis* is exerted chiefly; (a) on the heart, (b) on the blood vessels, (c) on the secretion of urine.

Its action on the heart is that it: (a) slows the cardiac beats chiefly by stimulation of the roots of the vagus in mammals, (b) increases the force of systole, and (c) increases the extent of expansion in diastole. Both b and c are due to an action on the cardiac muscle.

It contracts the peripheral vessels and thus slows the current of blood through them.

By its combined action of contracting the peripheral vessels and of increasing the power of the heart it raises the blood pressure.

The diuresis which *Digitalis* produces is chiefly due to increase of blood pressure.

*Digitalis* contracts the arterioles in the kidney sooner than those in other parts of the body. The renal vessels may contract so much as to arrest the secretion of urine altogether although the general blood pressure is high.

When blood pressure is already high *Digitalis* cannot be expected to have a powerful diuretic action. But if the blood pressure be low, either from natural constitution or disease, *Digitalis* will have a diuretic action.

*Digitalis* is a local anesthetic but also

produces pain. It therefore belongs to the class termed by Liebrich "anæsthetic dolorosa."

In large or accumulated doses it gives rise to gastric irritation.

The action of *Digitalis* is due to digitalin, digitalein and digitoxin. These principles all have an action similar in kind but different in degree.

The therapeutic actions of *Digitalis* and of its active principles are that they: (a) regulate the heart's action, (b) assist a failing circulation, and (c) act as diuretics.

The regulating action of *Digitalis* is useful in palpitation and functional disturbances of rhythm.

The most important use of *Digitalis* and of its active principles is in the treatment of mitral incompetence, due either to disease of the valves or dilation of the ventricle.

In cases of aortic regurgitation *Digitalis* is: (a) unnecessary and not without danger when compensation is complete, (b) very useful when compensation fails.

When the blood pressure is already high *Digitalis* may be injurious by increasing it still farther and thus causing symptoms of angina pectoris or tending to produce apoplexy.—Abs. of paper presented by Lauder Brunton to International Medical Congress.

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## SCIATICA.

P. C. MAJUMDAR, M. D., CALCUTTA.

*Colocynth*—The most important remedy in sciatica, corresponding to the worst cases. There are pains in the sciatic nerve extending to the knee or to the heel, worse from any motion, and specially aggravated by cold. The pain is paroxysmal, followed by numbness and partial paralysis. There is a sensation which has been described as if

the thigh were bound with iron bands or as though screwed in a vise. The muscles are fearfully tense and fixed. Particularly is the right side involved and there are stitches during walking. It is specially useful in recent cases, though Argideia cured a case of long standing with the 3rd dilution in which there were spasms and violent pains.

There is a sense of constriction around the hip. The pains, too, may come suddenly and leave suddenly, they may be sticking and burning and all are worse from cold or damp and at night, when the patient can find no easy position for the limb. *Colocynth* typifies the sciatica due to nerve changes with no special inflammatory conditions attending to it. Here it touches remedies like *Arsenicum*, *Chamomilla*, *Gelsemium*, *Gnaphalium*. The 6th potency will be found to act better than the lower potencies.

*Gnaphalium*—This remedy is quite similar to *Colocynth*. O'Connor thinks it is the best remedy in the absence of the other symptoms, and many others consider it specific. It has intense neuralgic pains along the nerve and numbness. The whole trunk and the main branches seem affected, worse when lying down, worse from motion, stepping and better while sitting in a chair. The pains extend to the toes.

*Terebinth* has exquisite sensitiveness of the lower extremities with painfulness along the tract of the nerve, drawing, tearing, paralytic pains.

*Arsenicum*—With this remedy the pain is marked by complete intermissions. It exacerbates every night at a particular hour and becomes unbearable. It is increased by vigorous and relieved by gentle motion. It is aggravated by cold but relieved momentarily by warmth. It is a pure neuralgia, neither inflammatory, toxæmic nor reflex. *Arsenicum* is one of our most reliable remedies in sciatica. *Chamomilla* should also be thought of in pure neuralgias of the sciatic nerve with unbearable pains and the more it pains, better the patient becomes.

*Rhus toxicodendron*—This remedy typifies sciatica with muscular and ligamentous involvement. It is seldom adapted to recent cases but comes in later. The pains are tearing and burn-

ing, worse during rest, alleviated a short time only during motion. There is lameness and disposition to muscular twitchings, bowels are constipated. It is a rheumatic sciatica, the fibrous sheath of the nerve being involved. It is the best remedy for a combination of lumbago and sciatica. Sciatica arising from over exposure to wet or from lifting, wrenching and over exertion. Great relief from warmth.

*Arnica* is also a remedy for sciatica due to over exertion. The acute pains are followed by a sensation as if bruised.

*Ruta*—This remedy also has shooting pains down the back, down the sciatic nerve on first moving or on rising after sitting, the patient is obliged to walk about constantly during the paroxysms of the pain. It is worse during damp or cold weather and from cold applications.

*Bryonia* has also shooting pains, worse from motion and relieved by hard pressure. It is a valuable drug in the treatment of sciatic of rheumatic origin.

*Ledum* also has sciatic pains and mixed with rheumatism.

*Kali iodatum*—The pains calling for this remedy are worse at night and from lying on the affected side, better from motion. When of mercurial or syphilitic origin, it is well indicated.

*Kali bichromicum*—Darting pains in the left thigh, relieved by motion.

*Phytolacca*—The pains are darting and tearing, aggravated by motion.

*Colchicum*—Right sided sharp shooting pains extending to knee, worse by motion; the patient must keep quiet. The pain is sudden, constant and intolerable.

*Ammonium muriaticum*—Sciatica with aggravation of pain while sitting, somewhat relieved by walking and entirely relieved by lying down. Pain in the left hip as if the tendons were too short.

Eyes feel contracted. Painful jerks; feet feel as if asleep.

*Pulsatilla*—This remedy typifies sciatic due to venous stasis and is useful in the milder forms where there is a sense of fatigue and heaviness, flying attacks, aching in loins and hips, uterine sciatica. It is akin to such remedies as *Sepia*, *Belladonna*, *Ferrum*, *Sulphur*, *Graphites* and *Mercurius*.

*Lycopodium* is sometimes most useful in chronic cases where there are burning or stinging pains or tearing, drawing or jerking pains, worse from rest. The lithic acid constitution will decide the remedy.

*Aconite*—The congestive variety of sciatica from exposure of cold, dampness and from suppressed perspiration indicates *Aconite*. There is much numbness, perverted sensation, pricking and a sense of coldness in the parts, specially toes.

The pains are very severe and worse at night; the patient is restless, there is tingling along the affected nerve.

*Glonoine*—Hale recommends the 6th of this remedy in cases where there is much throbbing, numbness, heaviness and uneasiness.

*Belladonna*—Here the inflammation is high and the pains come on suddenly. There is a neuritis and the course of the nerve is sensitive. The pain is specially severe at night, the parts are sensitive to the touch, the least concussion or a

draft of air aggravates. Severe lancinating pains coming on in the afternoon or evening; has to change position often; worse from motion, noise, shock or contact, cannot bear the clothing to touch him. Relieved by letting the limb hang down, warmth and the erect posture.

*Nux vomica*—From its action on the spinal cord, *Nux* is frequently the remedy in sciatica. It has lightning-like pains with twitching of the parts. Violent pains has to change position, pains shoot down into the foot, the limb is still and contracted and the parts feel paralyzed and cold. Better when lying down on the affected side and from the application of hot water. Constipated bowels and sedentary habit.

*Plumbum* also has lightning-like pains and in paroxysms.

Pains and cramps also sciatic nerve and specially where atrophy is present.

*Coffea* may also be indicated where there is great hyperæsthesia of the senses and physical exhaustion and debility present. If the sciatic lie in those of a hemorrhoidal constitution, *Sulphur* may be the remedy. If dependent on vertebral disease then such remedies as *Phosphorus*, *Silicea*, *Natrum mur* and *Sulphur* will need to be prescribed according to the symptoms. Nor should the tissue remedies be forgotten as many undoubted cures have been made with *Magnesia Phosphoricum*, *Kali Phosphoricum*.

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## PRIMARY AND SECONDARY SYMPTOMS IN THEIR RELATION TO POSOLOGY.\*

P. BRICKBAUER, M. D., ST. LOUIS.

PROF. OF MATERIA MEDICA AND THERAPEUTICS, HOMOEOPATHIC MEDICAL COLLEGE OF MISSOURI.

When I selected the above as the subject of a paper I was well aware of the fact that in the absence of an adequate theory of dosage, the settlement of the question is and must remain largely a

matter of individual experience. From this it follows, from the incontrovertible laws of Nature, that different individuals, or aggregates of different individuals, having different powers of observation,

\*Clinical Reporter for March, 1901.

observing the same phenomena, will individually reach slightly different conclusions, each maintaining, however, that his observation is the correct one. This very natural human tendency to set up as correct, observations having a certain definite correspondence with individual experience, must add to every such problem a controversial element.

In aggregates of such individuals there will be many whose observations and conclusions will have much in common, and these, united by the elements they have in conjunction, will be differentiated from other groups having other elements in common, and thus there come to be established heterogeneous groups, each with some central thought uniting them individually and manifesting an antagonism collectively. This transition from the homogeneous to the heterogeneous in opinion has been particularly marked in the Homœopathic profession as regards the matter of dosage. Primarily the separation has been into two groups, those united by the common belief that high attenuations should be generally used, and those united by the belief that curative results can only be obtained by the use of low dilutions.

Between these two extremes we would naturally expect to find large numbers less distinctly differentiated, meaning thereby that they have more in common than the extremes of the two groups. The question to be raised is not where does the truth lie, but rather what are the elements of truth underlying such belief. Looking at the matter philosophically, we are driven to the conclusion here, as well as regards human beliefs in general, that there must be some ultimate verity underlying each belief. The very fact that both ideas are very widespread and tenaciously adhered to shows that there must be something in each corresponding to the experiences

of the individuals constituting each group.

Now, then, as each bases the correctness of his conclusions upon this harmony between observations and experienced fact, "a soul of truth" will, on analysis, most likely be found in each belief. To search for this ultimate element of variety is the primary object of this paper, and that the import of it may not be misunderstood I have purposely prefaced it with the above remarks.

The human organism is essentially a duality. Wherever we witness the activity of the factors making for repair we witness the compensating factors of waste; wherever we have placed an accelerator influence we find in direct physiological antagonism an inhibitory influence. It is always a case of action and reaction; you cannot have an action as a cause without a reaction as a result—in fact, the performance of correct function or normal life, is but an incidence to the maintenance of a compensating adjustment of these two antagonistic processes. If this conception of vital activity is correct, and it seems well supported by the evidence of modern physiology, then it must follow that every problem in relation thereto must always be at least two sided. Now, then, add to the environments of an organism so constituted some new factor, either as a drug or morbid influence, what must be the result as to the unity or duality of the answering internal disturbance. Manifestly it can be none other than a two phase response—a case of action and reaction. It would be illogical to assume that we could have one without the other.

Thus in the very nature of this organism lies the justification for the division of artificially produced phenomena into the two groups of primary and secondary symptoms. The real nature of the

problem under investigation now becomes apparent. Which of these represents the curative action, or is there a possibility that both have an equal value as determined by special circumstances. If this latter possibility be true, what effect, if any, does it have on the dose of the drug when given on its primary or secondary indications.

As this principle of dosage can be more easily traced in the provings of the drugs of the vegetable kingdom, it is deemed best to begin with them, and as the thought is better fixed, proceed to the more difficult applications of it in the drugs of the inorganic world. It must be borne in mind that our provings contain both primary and secondary symptoms, comprising, as we are wont to say, the totality of the observable effects upon the organism, both subjective and objective. Take the familiar example of *Nux vomica*, or of its alkaloid, strychnine. Here we have as the result of the ingestion of toxic doses as a first action, briefly told, an excitation of the reflex centers of the spinal cord manifested objectively by tetanic convulsions, opisthotonos, etc. Then follows a gradual decline of reflex excitability, ending, in typical cases, in paralysis of the reflex center.

When, then, we meet with cases in practice corresponding with the first series, it is self evident, almost, that a high dilution is an absolute necessity, if we wish to avoid an unusual and violent, if not fatal, aggravation.

In the second series of symptoms where there is a natural reduction in the activity of the reflex center the requirement for speedy, gentle and permanent restoration is a low dilution. The slowing of the heart's action and symptoms of collapse of toxic doses of *Aconite* are followed by the opposite series of bounding pulse, high fever, etc. It is obvious that the requirement for the

former are a high attenuation and for the latter a low one.

*Camphora* furnishes us with an example quite the reverse of this. The almost marvelous results of Rubini of Naples in cholera with drop doses of the tincture certify to the use of a low attenuation, when the correspondence is with the second series.

*Chelidonium majus*, in its action upon the liver, furnishes another beautiful example. The increased secretion of bile, with the consequent thin, pasty, bright yellow stools, require a relatively high attenuation, and the light grayish constipated stool a low attenuation. *Podophyllum* teaches the same lesson. *Hydrastis*, in its dual action on the mucous surfaces, furnishes another example. *Gelsemium*, in its dual relation to the os uteri, also adds its share to the evidence.

In treating cases with *Cinchona*, or its alkaloid, quinine, as in special cases of intermittent to which the drug is Homœopathic, we find that the correspondence symptomatically is between the secondary effects of the drug and the disease, hence the tendency to give rather large doses and its necessity. In other instances, as in the use of *Cinchona* in profuse sweats and in debility where the correspondence is with the primary or toxic symptoms the most favorable results come from attenuated doses. These instances could be multiplied indefinitely by reference to other members of the vegetable kingdom, but to do so would merely prove wearying without a compensating additional value in clarifying the thought.

In the medicines derived from the animal and mineral kingdoms it is somewhat more difficult to find the relationship that we are tracing out. Here it is the exception that must prove the rule. Taking the mineral acids as a class, they may be designated irritants and the

records of the proving contain the symptoms of irritation, as, for instance, the escharotic effects of *Nitric acid*, its ulcers, etc., and in addition the reactionary symptoms of inflammation, fever, etc.

Their Homœopathic use is based almost entirely upon this latter series and competent observers are agreed that best results are obtained from low dilutions. In the case of such remedies as *Calcaria carb.* and *Phosphorus, Silicea, Carb. veg.*, etc., we have the records of so many clinical symptoms that cannot be distinguished from the pathogenetic symptoms that it becomes almost impossible to classify them in the above way.

In the case of the drugs derived from the animal kingdoms the difficulty lies in the fact that a complete proving with these pernicious substances is never possible on the human organism, and therefore but one phase of their action becomes manifest.

Since every proving possesses elements of both series of phenomena and since there exists a definite relationship between these two series of effects and posology there is some foundation for the differences of opinion extant in the profession relative thereto.

Yet one other observation do I wish to make. When we prescribe a remedy on the correspondence of its primary effects with the disease we wish to cure we proceed from a high dilution to a low and when the secondary symptoms are the corresponding elements we proceed in the reverse order, i. e., from low to a high potency. In doing so we avoid the tendency so often manifested in some diseases of coming to a standstill just short of complete recovery.

In the relationship above pointed out we see the element of verity underlying each of the two antagonistic ideas. The "soul of truth" in each of the widely different beliefs.

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## MATERIA MEDICA MISCELLANY.

EDITED BY GEO. L. KNAPP.

Dr. F. F. Laird recommends *Phosphorus* as almost a specific for scurvy.

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Mary Baker G. Eddy advises those living in states which make vaccination compulsory to "obey the law and then appeal to the gospel to save them from any bad results."

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The plague is likely to do far less harm in South Africa than Joe Chamberlain and Cecil Rhodes. But heaven defend the afflicted land from the ravages of a plague serum.

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The *Post Graduate* contains the description and photograph of an imbecile boy eleven years of age, whose head is

quite remarkable in shape. The cephalic index (ratio of breadth to length, the length being taken as 100) is 55.4. When we consider that the lowest cephalic index known among Caucasians is about 80, and the average in America is from 76 to 80 or 82, it will be seen that this lad is quite a curiosity. The family is somewhat neuropathic. The genitals of the child are only partially developed.

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The writer recently heard a Homœopathic (?) gynecologist say that in a certain case he gave 1-10 gr. doses of *Ergot* "for the mechanical effect." If this gentleman would explain what influence his intention had on the action of the drug he would confer a favor.



Dr. W. S. Mills calls attention to the similarity between the provings of *Calcarea carb.* and many cases of renal colic. He gives five cases in which this medicine was the indicated remedy. It was given in the 200th potency with most excellent results.

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And Prof. Koch has come to the conclusion that in dealing with malaria you must begin with the persons affected and not with mosquitoes. The Professor is learning. If he lives a hundred years longer he may find out that in dealing with every disease you must begin with the person affected—something Hahne-mann knew a hundred years ago.

\*\*\*

Dr. T. M. Stewart, of Cincinnati, advises us to look up *Carbo. veg.* as a remedy for colds. Among the symptoms he calls attention to are constant irritation of trachea and bronchi with mucus expectoration, general tired feeling with chilliness and frequent passing of light colored urine in early stages. Later the urine grows dark and scanty.

\*\*\*

"The death rate from pneumonia has remained unaltered for fifty years; the influenza bacillus thwarts our best efforts and carries on a guerilla warfare with the gay elusiveness of a De Wit, nor can we cure a common cold."

The despairing wail quoted above is from the presidential address of Sir R. Douglas Powell, of the Clinical Society of London.

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Dr. F. B. Percy says of *Iris versicolor*:

"I could show you scores of chronic sick headaches in which *Iris versicolor* is absolutely indicated in the trouble."

In addition to the usual sick headache symptoms this remedy has one very peculiar symptom—*sensation as if the roof of the mouth were covered with cold*

*grease*. This is rarely absent when *Iris* is indicated.

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One Francis Bacon, M. D., of New Haven, Conn., is just at present on the verge of emotional insanity over the horrible mismanagement of Grace hospital, a Homœopathic institution in that city. It is possible there is some reason for his wails. Evil communications corrupt good manners and the Homœopaths of the east are in much too close contact with the allopaths. But we shall want more proof than the excited doctor has yet furnished before we condemn Grace hospital.

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The following clipping from the *Medical Century* for March is worthy of serious attention. The author is Dr. J. C. Fahnestock.

"It is highly necessary that we should learn the language and importance of symptoms long before a pathology exists. Certainly no one will find fault with you if you should be the best pathologist, the best all-around microscopist, the best bacteriologist in the world. Such accomplishments we look upon with the greatest respect and admiration. But greater than all of these is one who can read and know conditions before there comes a pathology, a sequence."

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#### Intoxication by *Cannabis Indica*.

In the September number of the *Edinburgh Medical Journal* Dr. James Foulis of Edinburgh gives a lengthy account of two cases of poisoning by *Cannabis Indica*. The patients were brothers, A and B. A was 22 years of age and was a medical student in his third year; B was 20 years of age, an art student, and of a highly strung and sensitive nature. Both of them were tall and powerful, being nearly six feet in height. When Dr. Foulis, who had

been hurriedly sent for, arrived at their house he found them in the dining room alone and partially dressed. A was hanging tightly on to B who was rushing round the table in a very excited state, widely throwing his arms about and singing in a most jovial manner. A was evidently doing his best to control B; he looked pale and depressed as if overweighted by some sense of heavy responsibility. Both in mind and body B was in a state of extraordinary excitement. He appeared as if he could not talk fast enough and as if his arms and legs were acting automatically. B threw his arms round Dr. Foulis in a loving embrace and spoke most kindly and even tenderly to him, then all of a sudden he began to quote poetry and in an excited manner asked which poet Dr. Foulis liked best, naming several one after another. As the other inmates of the house were unable to control the young men they were removed to the Edinburgh Royal Infirmary where they arrived about 1 a. m., two and a half hours after having taken the drug, and at 9:30 a. m. they were sufficiently recovered to return home. A, the medical student, afterwards wrote a description of the occurrence, in which he stated that with a view of experiencing the wonderful dreams said to be produced by haschish or cannabis Indica his brother and he on three successive occasions took doses of the drug. On the first occasion they took 25 minims of the tincture, on the second occasion (a week later) they took over 40 minims, on the third occasion (three weeks later) they took over 90 minims, with the results above described. In about

20 minutes they both began to feel exhilarated. A felt decidedly pleased with himself and versatile. Then one of the figures in a drawing at which he was looking began to nod and whirl round. Suddenly he felt himself carried away as it were by a whirlwind and finally lost consciousness. The next thing he remembered after regaining consciousness was the room heaving up and down. When Dr. Foulis arrived on the scene a most vivid picture presented itself to A's mind. He seemed to see Virgil and Dante standing on a rocky ridge overhanging a deep abyss whence were issuing multitudes of lost souls on their way to Hades. A imagined himself standing on that ridge watching the unending and ever-moving throng passing out of sight. The effect of the drug lasted to some extent for three or four days, during which they were in an extremely unstable state of mind and had to keep a constant guard over their actions. On the afternoon of the following day B had another attack. B's account of his dreams on falling asleep at the Infirmary was as follows: "Upon falling to sleep I experienced the most exquisite dreams. The sky was scintillating with delicate colors rapidly succeeding one another. Then came shifting landscapes of unimaginable beauty, following fast upon each other, and too quickly disappearing." It is of some interest to compare the foregoing account with Mr. Havelock Ellis' description of the intoxication produced in himself by mescal buttons (the fruit of the *Anhalonium Lewinii*) as recorded in *The Lancet* of June 5th, 1897, p. 1540.—*Lancet*, Sept. 29, 1900.

# TYPHOID FEVER ABORTED WITH GELSEMIUM.

D. W. SWOPE, M. D., BROCKTON, MASS.

Miss R. T., 14 years of age. I was requested to send medicine to this patient who was said to be suffering with a severe headache. Headache was said to be splitting in character; < by coughing or motion of head; > when quiet or in the recumbent position. Face red and hot, with dry mouth and lips. *Bryonia*<sup>200</sup> was sent by her grandmother, with instructions to dissolve the powder in one-fourth tumbler of cold water and give one teaspoonful every two hours. I requested to be allowed to see the patient next morning if the headache was not well. The following morning at nine o'clock I was asked to see the young lady. Then the following history was obtained:

January 16, 1901.

She has not felt well for two weeks.  
Tired all the time.

Tired in morning, especially in head and legs.

Has not slept well for past week.  
Headache almost every day, has gradually increased.

Headache < in occiput and back of neck.

Head feels too heavy.

Head feels too large.

Epistaxis last night and again this morning.

Cannot turn on either side on account of pain in right side of abdomen.

Pain > when knees are flexed on abdomen.

Abdomen sensitive to deep pressure. (Could not detect any induration or tumor after a very careful examination).

Rumbling, gurgling in abdomen on pressure, and especially in right side.

Rumbling in abdomen during sleep.

Wild delirium during sleep; talks of school and wants to go home.

No thirst, although mouth is dry, lips dry and covered with sores.

Sordes on teeth.

Tongue swollen, coated yellowish-white.

Breath offensive.

Complains of being very tired.

Trembles if she attempts to move.

Face flushed.

Skin of body dry and hot.

Pulse, 110; temperature, 103.2.

Does not wish to move or answer any questions.

She said she would be all right if she could only get rested.

She keeps perfectly quiet; does not move hand or foot.

*Gelsemium* 30th in water; dose every two hours. Diet, milk. Cold water, little and often.

January 17, 1901.

Morning temperature, 102.1; pulse, 110.

Bowels moved five times during the night.

All the above symptoms remain unchanged.

The patient seems almost crushed with the violence of the symptoms.

She seems to be in a stupor.

Patient looks very sick.

Eyes are dull, sunken and move slowly.

(Patient seems as if intoxicated).

January 17, 1901.

Evening temperature, 102; pulse, 110; respiration, 40.

The above symptoms continue.

*Gelsemium* 30th as before.

January 18, 1901.

Morning temperature, 98; pulse, 85; respiration, 30.

All the symptoms are vanishing.

Patient looks much better.

Bowels did not move since noon of the 17th.

Treatment same as above, with the exception that the *Gelsemium* 30th was given every four hours.

January 19, 1901.

Morning temperature, 96.5; pulse, 64; respiration, 20.

Symptoms have vanished.

Patient took one quart milk yesterday.

*Sac lac* in water; dose every four hours.

January 20, 1901.

Morning temperature, 97.9; pulse, 68; respiration, 20.

Patient doing well; took more milk yesterday.

*Sac lac* as above.

January 21, 1901.

Morning temperature, 97.6; pulse, 62; respiration, 20.

No change in the treatment.

January 22, 1901.

Morning temperature, 98; pulse, 65; respiration, 18.

Bowels have not moved since noon the 17th.

Breath not offensive now.

Tongue cleaning nicely.

Slight cough, loose and rattling.

*Sac lac*.

January 23, 1901.

Morning temperature, 97.2; pulse, 63; respiration, 18.

Tongue cleaned greatly in past 24 hours.

Appetite good.

Took two quarts of milk in twelve hours and slept the other twelve.

Sat up in bed ten minutes.

*Sac lac*.

January 25, 1901.

Morning temperature, 97.5; pulse, 62; respiration, 18.

Bowels moved normally evening of 24th.

Patient sat up twice; half hour each time.

Tongue perfectly clean.

Says she feels good.

*Sac lac*.

January 27, 1901.

Morning temperature, 98; pulse, 65; respiration, 18.

Normal stool every day.

Tongue clean.

Appetite good.

No trembling now.

She can stand alone.

*Sac lac*. Patient resumed taking a little solid food today.

January 29, 1901.

Morning temperature, 98.6; pulse, 68; respiration, 18.

Patient eating and sleeping well.

Bowels continue normal.

From this on she gained strength rapidly, also took on flesh. Two weeks later she resumed her school work and has been perfectly well since.

I think this was a case of typhoid fever aborted by the use of *Gelsemium* 30th. What were the mistakes in the treatment of the case?

## SOME OF THE DIFFICULTIES OF HOMŒOPATHIC PRESCRIBING.\*

F. H. LUTZE, M. D., BROOKLYN, N. Y.

Hahnemann says in his *Organon*,

Sec. 104. When the totality of the symptoms that especially mark and distinguish the case of disease, or in other words, when the picture of the disease whatever be its kind, is accurately

sketched, the most difficult part of the task is accomplished.

Like everything else that our grand old master said, this certainly is true, and there is no doubt but all earnest

\* Read before Brooklyn Hahnemannian Union.

Homœopaths have found it so. It was probably easier for the master to get the picture of the disease than it is for us today, for he knew all about the remedies proven at his time for they were largely his own creation and the most valuable remedies, most valuable ones even for us today, he proved or helped to prove and arrange. Again, at the time of his death even there were few, if any, drugs used in Germany by the laity unless prescribed by a physician, and he knew all about such as were then used by the old school. They were the first remedies he proved and formed the nucleus of his *materia medica pura*. They had been administered to suffering humanity for a long period, centuries perhaps, in heroic doses, and left their impress upon the human race, producing complications with existing disease—states of psora, syphilis and sy-cosis, and this I think is one of the reasons why these first proven remedies of Hahnemann are still today found so useful in the highest potencies, particularly in chronic diseases.

Today the *Materia Medica* has grown to an enormous volume, and at the same time the old school or the drug or color manufacturers have overwhelmed the country with proprietary remedies and the laity, reading the advertisements, think they can treat themselves as well or better than a doctor, using these new drugs according to accompanying directions, creating thereby new phases and complications of diseases hardly known ten years ago.

What are the antidotes to the coal-tar products used so much today in the form of headache powders, neuralgia tablets, saponifiers, etc., among the laity? We have to prescribe for them as for any disease, according to the picture furnished by the symptoms; but it takes time, which patients are not always willing to give. It is often even

with difficulty that we can induce them to stop their use, for they know from personal experience that they will stop these pains promptly, or produce a state resembling sleep. But that they gradually but surely produce a state of paralysis and organic diseases of the heart, they know not.

When the evil consequences of such follies become evident, or the drugs cease to perform the desired effect, then the Homœopath is often applied to, who will find the task arduous and difficult.

Many symptoms are common to a large number of remedies, as well as their aggravations and ameliorations. A look at a repertory will show this readily; add to this the two-fold action of the remedies, in that many of them are able to cure and produce fever and chill, diarrhœa and constipation and the same remedy may have an aggravation both from cold and warmth, and we begin to see the difficulties of Homœopathic prescribing, which is increased still more by the effect disease exerts on the patient's mind and intellect, clouding both, and making it very difficult for him to give his symptoms. He can often neither think nor remember, many sensations or pains are also very difficult to describe by anyone though his mind is not clouded by disease or are misinterpreted by him.

He is positive, for instance, that he is worse mornings early on rising, though the aggravation may have no reference to time, but be due to motion of rising or beginning to move, or to the change of temperature from the warmth of the bed to the cold air of the room. Another will say he feels better sitting near the fire from warmth or warmth of bed, though it is the rest of sitting or lying which gives relief—not the warmth. Or he may feel worse from lying in bed, due not to the warmth or position, but the feather bed. The supposed relief

from the open air or exercise is perhaps due to the removal from the noise or annoyances of the house, or to the change of surroundings, diverting his mind. Worse when thinking of his complaints. Not many remedies have an aggravation during the day, and the aggravation at this time may be caused by the occupation, motion, excitement, noise or light of day; and better at night may mean relief from the above, or from rest in bed, warmth, quietude, etc.

A patient suffering from left brachial neuralgia caused me and himself much tribulation because he persisted in asserting that he was worse from letting the arm hang down and relieved by resting the same on his chest. When I came to understand and interpret this correctly, finding that the relief was due to motion, changing the position of the arm from the one to the other, *Rhus tox* soon cured him.

Descriptions which patients give of subjective symptoms are frequently not reliable. Pain called cutting by one, another calls shooting or even burning, and the indefinite expression of soreness or sore pain covers a multitude of sensations.

I have read much of late from the pen of eminent Homœopathic prescribers stating that a Homœopathic prescription should be based on generals, Bœnninghausen's *Repertory* furnishing enough of that and to spare. I am pleased to know

that there are so many having arrived at the topmost rung of the ladder in this art, and regret not having reached that goal and hardly expect to. One of the writers go so far as to state that to prescribe a remedy on the appearance of the tongue is simply an absurdity and folly, and it made me feel very uncomfortable when I read it, for I have often been guilty of that and found only consolation in the fact that these patients recovered. To cite one case: Was called in consultation to the bedside of a young lady who had been sick for three weeks. All questions asked were answered negatively—we obtained only this: Pain on pressure in left umbilical region, temperature 103 degrees.

Looking at the tongue I found the characteristic brown coating on tongue, with triangular red tip and inverted edges. *Rhus tox* was prescribed and improvement was noticeable the next day and she soon convalesced.

Really I like to prescribe on objective symptoms, they speak the truth in visible language and can not be perverted by the deranged mind and perception of the sick.

I think it is well for all Homœopaths to remember that the best and most important facts that we know of the law of similia we owe to our grand old master, Hahnemann, and it behooves us like him to take some lessons in thinking.

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## EXPOSITION OF ORGANON, SECTION 14, CURABLE AND INCURABLE DISEASES.

C. C. GHOSH, LUCKNOW, INDIA.

Sec. 14. "There is, in the interior of man, nothing morbid that is curable and no invisible morbid alteration that is curable which does not make itself known to the accurately observing physician by means of morbid signs and symptoms—an arrangement in perfect conformity with the infinite goodness of the all-wise Preserver of human life."

Hahnemann discovered a law of nature. This law of nature is the law of cure—the law of similia. Every thing in nature—in this vast creation of God—is controlled by law. Regularity, order, harmony, etc., are the order of

nature. There is regularity, order, in the occurrence of all natural diseases; there must, as a matter of fact, be some law, order, regularity in the cure of all diseases.

Hahnemann had a god-fearing heart. He was law-abiding, he had principles to guide him. His recognition of the Divine Providence enabled him to discover this law of cure. Lawlessness, disorder, irregularity, confusion, and all, still mark, as at Hahnemann's time, the nature of the methods of cure generally adopted by the traditional systems of medicine. Dishonesty, any how to live upon, any how to prosper in the world, were the principles that guided all the professed healers of the sick. But with the young, hard-working, learned Hahnemann the case was different. Though young, though in great need of money, still the idea of the all-wise Preserver of human life—never left him. He saw the lawlessness, the disorder, in the cure of diseases. Even at the sacrifice of great personal loss of lives as well as money he discarded the method of curing diseases which he learnt with so much credit and distinction, and which he practised for eight years or so to begin his worldly life; simply with his heart to that almighty Creator he was at last able to formulate the law which the all-wise Preserver of human life has ordained for the cure of the suffering humanity. A godless mind could never have succeeded in discovering the same.

The law of similia for the cure of diseases is a law of nature. In this section the foresight of Hahnemann discovers something else. It is the consequence of the natural law. He discovered the law of cure; he conceived the true nature of life and of disease; he found out that the natural disease is immaterial, recognizable by our senses only by means of the symptoms and signs that are mani-

fested on the material body. The signs and symptoms—the morbid manifestations on the physical body—represent all that by which we can know the presence of a disease. After reaching this conclusion Hahnemann further deliberates.

Following his characteristic God-fearing mind by which he was able to discover the law of nature for the cure of diseases, he saw that diseases are but the morbid alteration of the immaterial vital force in the interior of man represented by external manifestations of symptoms on the body. Now, it is this very recognition of Divine Providence that makes Hahnemann to believe further that there should exist an arrangement, in perfect conformity with the infinite goodness of the all-wise Preserver of human life, by which all natural diseases can be easily discerned whether curable or incurable. Every curable disease is made known by the proper development of signs and symptoms; the all-wise Preserver has thus ordained that all diseases must have proper development of external manifestations on physical body—signs and symptoms—in order to make themselves known as curable ones, they being, in fact, the language of nature by which only one is able to know the presence of a disease. By these signs and symptoms, their regular and proper development, the disorderly condition of the vital force—the interior of man—is shadowed forth, as if it were to enable the physician to read the language of nature, to understand the secret meaning of nature, to know whether a disease is curable or incurable.

Curable diseases are, therefore, those that have regular and orderly development and manifestation of symptoms on the sick, shadowing forth the disorder in the vital force in an orderly way. The Hahnemannian has better means to

know whether a disease is regularly and orderly developed and manifested—is curable or not. The symptomatology of every medicine represents a disease or a group of diseases; the image of the sick is to be seen in a medicine. The medicine is simply a disease picture. This is the peculiarity as well as excellence of Homœopathy. If then the Homœopathician in selecting the simillimum—in comparing the symptom-image of the sick with the symptom-image of drugs—does find on the sick sufficient symptoms, their regular and orderly development and manifestation, if he sees the disease image in any drug-image, he is to know that the disease is curable.

Incurable diseases are those that develop few signs and symptoms; by absence and irregular development of symptoms a disease is always to be thought incurable. The true representation of the symptom-image of the sick in such cases will never be found in the symptom-image of the drugs; the sick will not have symptoms to cover the symptoms of any drug; there will be lack of symptoms in the sick, still he will be greatly suffering. The physician is unable to pick up sufficient symptoms to

select the simillimum. There is absence of symptoms except those that are the ordinary, common expressions of pathological conditions, and still the sufferer is gradually declining, growing worse; the physician sees this and knows that the case is incurable and is going down to destruction. The common expressions of pathological conditions are not trustworthy symptoms. They are things which are common to every disease, they are vague, they are indefinite, they are undefined; they do not represent the nature of the patient, they are not the language of nature. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease, and to almost every drug. It is, because of the incurability of such a disease that the Divine Providence has not ordained the regular manifestation of signs and symptoms. Curable cases have regular manifestations of signs and symptoms. Incurable cases have less of, or absence of, signs and symptoms.

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### THE TWO SCHOOLS OF MEDICINE.\*

GEO. L. KNAPP, CHICAGO.

There are to-day two important schools of medicine. One, the older and larger, claims for its members the title of "regular" physicians, and calls its schools simply "medical" colleges. The other, and smaller division, calls its schools and graduates by a distinctive name, indicating a given system of therapeutics. For more than a hundred years there has been much strife between these two schools—one fighting for domination, the other for existence. But

of late there has been a peace party abroad. There are now many medical orators and editors—belonging, strange to say, to the older and larger division—who are urging a union of the two schools into one, or, as one of them put it, "urging the Homœopaths to come in." The objections to this fusion come mainly from the smaller, the Homœopathic school, and the good regulars are greatly grieved thereat and wonder why. I think it only fair that we should

\* Paper read before the Hindson Literary Society of Dunham Medical College.



tell them why. When in the course of human events it becomes necessary to refuse the blessings of benevolent assimilation, the facts justifying such refusal should be submitted to a candid world.

A radical difference of principles would be the best justification for the maintenance of separate schools. That there is such a difference probably no one save Dr. Quine doubts. As to what that difference is there is less unity of opinion. It cannot be in anatomy, physiology or any of the elemental sciences of medicine. They are the same in both schools. Surgery, when it come to surgery, is also the same. The difference lies in the domain of therapeutics; in the application of medicines to the cure of disease. The laity associates Homœopathy with small doses of medicine, and allopathy with large doses. This is one of the secondary differences which should not be forgotten, but when we consider that many allopaths recommend giving no medicines at all in many cases, we shall see that this is not the chief difference. Among many physicians of both schools the notion prevails that the difference lies in the method by which the medicine is chosen. The Homœopath, they say, chooses a medicine whose action is similar to the case he has to treat, and the allopath one whose action is opposite. This is one of those half-truths so dangerous to a perception of the whole truth. The Homœopath indeed chooses, or is supposed to choose, the similar remedy. But the allopath is very free from uniformly choosing the opposite remedy. *Mercury* produces a lesion almost indistinguishable from the ordinary case of syphilis, and the standard allopathic remedy for syphilis is—and for centuries has been—*Mercury*. Quinine produces one type of intermittent fever, and in the mind of the

average allopathic doctor quinine and shakes are Siamese twins. Carbolic acid provings picture with almost photographic accuracy the typical case of malignant diphtheria, and carbolic acid is the "fixing agent" in *Antitoxine*. Besides, anyone who will take the trouble to think—and possesses the necessary materials for doing so—will see that it is impossible to select an opposite remedy in many cases. What is the opposite of a diphtheritic membrane? of a colic? of an epileptic fit? The talk about opposite remedies could only have been originated by men whose minds were too lazy to observe or too slovenly to think.

The one grand fundamental distinction is that Homœopathy stands for therapeutic law, and allopathy for therapeutic anarchy.

Deeper by far than any dispute about what the therapeutic law may be lies the dispute between the school which proclaims there is such a law and the school which proclaims there is not. All other differences might perhaps be slurred or compromised—but this one, never. No sane man who has ever felt the firm ground of law beneath his feet could ever consent to again beat the thin air of theory with the vain wings of speculation. Quine may go ahead to coax, and Gould may stand behind to bluster, but the Homœopaths will not fuse; they know better.

It is difficult to understand the mental processes of the man who, in this age of science, can maintain that there is anything in the universe outside the domain of law. Yet this is the plain statement, or veiled implication, made by every allopath who writes or talks against Homœopathy. Indeed it must be present in the mind of every man who, acknowledging that he knows no therapeutic law, and claiming that no one else knows or ever did know any thera-

peutic law, still goes on giving drugs "in the hope" that they may accomplish some good. Dr. Wood tells us that "experience in medicine has been a blind leader of the blind," and "the history of medicine is a history of men groping in the darkness, finding seeming gems of truth, one after another, only in a few minutes to cast them back into the vast heap of forgotten baubles that had in their day been also mistaken for verities." "What," he asks, "has clinical therapeutics established permanently? Scarcely anything beyond primary facts; that quinine will arrest an intermittent; that salts will purge, and that opium will quiet pain and lull to sleep." That was thirty years ago. Since Dr. Wood's day "clinical therapeutics" has added a few "primary facts." It has learned that bathing is less harmful than drugging, that the salicylates will suppress rheumatism, (sometimes), and that the various coal-tar derivatives will enable a man to die with a normal temperature. Aside from this the practice of "regular" medicine has not materially advanced. It has changed, of course. The vast heap of forgotten baubles is a little vaster and the harmonious "regulars" are quarreling over serum therapy instead of over something else. It has always been the prized prerogative of "regular" medicine to dance attendance on the latest fad. The fad changes, but the dance goes on. And as Wood, so then Quine now sits the dance out, and looking indulgently on murmurs in the phrase of the world-weary Oxonian, "There's nothing new or true—an no matter."

Does this seem harsh? It is true. The quotations from Dr. Wood are perhaps more explicit than most others, but he was no whit more pessimistic than thousands of his regular brethren. Putzel, an old school authority of no mean repute, tells us (Functional Nerv-

ous Diseases, page 39) that "The medicinal treatment of chorea is extremely unsatisfactory. Gray and Tuckwell found that the average duration of 38 cases treated on the expectant plan, was nine weeks and six day. The average duration when treated with arsenic in constantly increasing doses, according to Begbie's plan, is from ten to eleven weeks." Time required to get rid of the arsenic not stated. It is interesting to note that after making this observation the author tells us that his usual plan is to put the patient on three to five drop doses of Fowler's solution, three times per day, until some of the toxic effects become evident. In the same work, page 193, he says: "Very little can be done in chronic neuritis in the way of material medication. The only internally remedies that I have ever employed are iodide of potassium and fluid extract of ergot, either separately or combined. I am unable to make any positive statement with regard to the efficacy of these drugs." In another class of diseases, Dr. Jas. C. Wilson says: "No medicine or method of treatment by which enteric fever can be arrested is at present known. Many different methods of treatment have been advocated and innumerable drugs have been lauded as exercising a special favorable influence over the course of the disease. Blood-letting, emetics, laxatives, various astringents, turpentine have at different times been regarded as useful or necessary in the treatment of this disease. *Most of them have no longer even an historical interest.*" To this I need only add that the Johns Hopkins hospital uses no drugs in the treatment of typhoid fever and yet has a larger percentage of cures than any other old school hospital in the country.

If we turn to Homœopathic literature we shall find none of this pessimism. The different attitude of the two schools

on the value of therapeutics can scarcely be better illustrated than by a comparison of the relative space accorded to treatment in their respective works. In Raue's "Special Pathology and Therapeutic Hints" there are 1,626 pages, of which 330 or 33.10 per cent. are devoted to treatment. In the third volume of Pepper's "System of Medicine" there are 991 pages, of which 132 relate to treatment—14.210 per cent. Nor does this difference in percentages tell the whole tale. No surgery is admitted to Raue's work, not because he thought surgery valueless, but because he thought it should be treated separately. In Pepper there are nearly 30 pages devoted to the surgical treatment of pleurisy alone. Probably one-third of the 132 pages are devoted to surgery and the remainder is largely composed of such gems as this:

"The symptomatic indications for medicinal treatment of in cases of phthisis are many and varied. Among the most important are those relating to appetite and digestion. For the improvement of these functions the preparations of cinchona, salacin, gentian, quassia and other of the vegetable bitter tonics, including nux vomica, may be selected, *according to the choice of the physician*, or given in succession. They have more or less efficiency in connection with the more potential hygienic measures." (Vol. 3; p. 436). Whereby we learn that the preference of the physician influences the action of the drug. The chief difference between the writer of that article and Mary Baker G. Eddy is that the Christian scientist was logical and the doctor wasn't.

Pepper, though an authority, was too bulky and many attempts have been made to condense the subject of medicine—allopathic medicine—into a single volume. The last of these that I have seen comes from the pen of Salinger &

Kattenger, of Jefferson Medical College, Philadelphia. It bears the title of "Modern Medicine," and the date of 1900. It has 756 pages of reading matter, of which 44 are devoted to treatment. This comes to 5.8 per cent. It will be observed that in lightening the ship the lighteners threw over more than twice as large a proportion of the treatment as they did of the other subjects. It is of course to be supposed that they knew what they were about and threw away the least valuable material. In what they have retained, the sentences "treatment symptomatic," "treatment purely symptomatic," "treatment expectant," "treatment expectant symptomatic," "there is no specific treatment for this disease" occur with what Shakespeare would call "damnable iteration." The rest of the treatment, aside from instructions in regard to bathing and diet and the laudation of antitoxin and the salicylates, consists chiefly of expedients to control the action of the bowels.

An old-time Jewish physician said that the doctors of Europe were like St. Peter—they had the keys of binding and loosing, but nothing more. The remark is still true. The highest hope of Messrs. Salinger & Kattenger is to get "specific treatment" a la antitoxin. They are foremost among those "rational practitioners" who go forth with microscope and squirt-gun seeking more germs to slay; and disregarding, with a fine contempt for minor issues, the poor human tissues which form their hunting ground.

With such fantasies Homœopathy can never become unified. Allopathic nihilism, boasting its own ignorance; and allopathic credulity, seeking in carbolized horsejuice the fountain of perpetual youth, are alike unattractive. There is no basis for compromise and none should be attempted. Clinical experience abundantly demonstrates that *Similia Similibus Curantur* is a law. If ever superseded it must be by some still broader law. This we can work for and hope for, but we must decline with thanks all invitations to typify the proverbial lamb lying down with—but inside of—the allopathic leopard.

## Correspondence.

### TEXAS MEDICAL LAW.

Texas has enacted a medical law which becomes effective July next. Below see synopsis:

1. Three boards of medical examiners are provided, allopathic, eclectic and Homœopathic, each composed of nine members, six constituting a quorum.

2. Candidates are to be examined upon the following subjects: Anatomy, Physiology, Histology, Pathology, Chemistry, Materia Medica, Therapeutics, Practice of Medicine, Surgery, including diseases of the eye, ear, nose and throat, Obstetrics, Gynæcology, Hygiene and Medical Jurisprudence.

3. In case applicant shall fail to pass the examination, he or she shall not be permitted to go before the board again for one year thereafter.

4. Three members of the board may be appointed by the president to examine a candidate and grant a temporary

certificate if found qualified, which will entitle him to practice until the next regular meeting of the board.

5. Physicians holding a certificate from a state board whose medical law is as thorough as that of Texas, and whose certificate is endorsed by the president and secretary of the board that issued it, may have a certificate issued without examination by paying the usual fee of \$15.00.

There is no country in the world that holds out so many inducements to Homœopathic physicians as Texas. Every business and industry is in a flourishing condition.

Our climate is unexcelled. For further information address,

W. D. GORTON, M. B.

Austin, Texas.

Chairman Legislative Committee of Homœopathic State Society.

## Editorial.

### PROFESSIONAL SUCCESS.

If professional success was measured by the amount of money accumulated, the medical profession would offer little encouragement to the ambitious young man or woman. No true physician would be willing to have his sacrifice of personal comforts, and privileges measured by the meager compensation usually offered. A lawyer would charge at least five times the amount for the same services and demand his pay before the services were rendered and it is because of this single fact that we feel constrained to analyze the factors entering into the physician's life, in order that we may so present the subject that

every reader may use the measure as a standard whereby their lives may be tested.

THE MISSION OF THE PHYSICIAN IS TO HEAL THE SICK. All things else are factors contributing to the personal equation and are independent of and should not be counted with the factors contributing to the success of the physician. Exceptions will be taken to this statement and the claim will be made that this *personal* factor is the most important element in the success of the physician; but a little patience will show the justice of this exception if we would have a true standard, whereby all may

have due credit for services rendered.

All sickness may be divided into three classes: (a) that which arises from exposure to causes from without—mechanical; (b) that which is due to errors of judgment of the mind within and (c) that *susceptibility* which was transmitted from parent to offspring.

The *measure of physician's success* therefore depends upon the *ability to correctly interpret* the meanings of the signs and symptoms both objective and subjective in every case that comes before him and determine the *means to be employed* for the restoration of the sick to health.

No physician can properly interpret the meaning of the signs and symptoms who gives undue prominence to either objective or subjective symptoms. There must be a proper estimate placed upon each and this requires a judicial mind—one who is capable of weighing every bit of evidence and reaching an unbiased decision.

The ability to *properly* interpret the meaning of these signs of disease can only be acquired by those who have strong *perceptive* faculties to which must be added the equally important factors of *intuition, comparison* and *causality*. Intuition unconsciously puts the physician in the place of the sick one and he instinctively knows *where* to look and *how* to act in order that a true picture of the trouble may be discovered. He makes no false steps and arouses no antagonism; on the contrary knows how to begin work in the case. If he is defective in the other faculties he may make a *brilliant* success in some cases, but will be seriously handicapped in every complicated case. In some respects this is the most desirable faculty in the necessary elements of the successful physician and he is sure to be placed in the popular class by the laity provided other faculties do not weigh

him down. He can attend to a vast amount of business in a short period of time and show little fatigue because everything comes so easily to him.

The *perceptive* faculties give us our specialists and usually combined with the *motive* temperament to produce *action*. We are apt to find Firmness and Destructiveness or perhaps Constructiveness; and, in a majority of cases, this combination directs the natural trend of investigation and consequently determines the field of labor to be followed. This field should be more restricted than it is and there would be less opportunities for its successful employment if every physician was properly equipped for his life's work and consequently made fewer mistakes. Success usually follows this line of work because they are aggressive. The personal element in the equation must now come up for consideration because many times it makes or mars a career that otherwise contained the factor necessary for the successful practice of medicine.

The personal element is the magnet which draws the people within the "sphere of influence" of the individual or sets up a barrier that prevents the success that otherwise might be enjoyed.

The contributing faculties are Conscientiousness, Hope, Firmness, Self-esteem, Continuity, Approbateness, and a good *vital* temperament. No man or woman should be entrusted with the knowledge of the art of healing who has not a keen sense of right and wrong. He enters into such intimate relations with his fellows and is called upon to decide questions which may determine not only the character of the present life, but dominate the future life as well. The importance of a good, *moral* character in a physician is universally recognized, hence becomes an important factor in the personal equation. Little need be said about Hope or Self esteem

because their influence is self-evident; but Continuity and the source of ambition, Approbativeness deserves more extended consideration than we can give at this time.

Many a failure can be traced to the lack of stick-to-it-ness. True in these cases were a greater deficiency than this one faculty but the combined influence of this group which manifests its power through a well defined portion of the brain cannot be ignored by any one who would win success in the practice of medicine.

All of the other faculties may be so combined as to build a good, strong constitution and thereby sustain the mental activities of the brain and thus round out the factors that must contribute to the professional success of the true physician.

In conclusion we wish to leave the thought that no man or woman is dependent upon location for success. The secret of the whole matter lies in the fact that *we can transform our natures if we will know ourselves.*

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#### EDITOR'S TABLE.

Dr. C. E. Fisher is once more a resident of Chicago and is fitting up a suite of offices in Hyde Park in addition to down town hours with Dr. E. H. Pratt in the Reliance Building, 100 State st.

A great many papers, books and periodicals come to the editor's table and because of limitations of time are allowed to accumulate until covered with dust, they are swept off into the waste-basket and are thereby lost to the world—no, not lost to the world because some *other* table becomes the recipient of similar matter and through habits of *order* or the adoption of some method or system everything is preserved and the wheat is separated from the chaff and planted where it will bring forth a harvest after its kind.

Out of 123 cases of small pox which have been reported by the Health Department of Chicago in the past six months and which gave the Board of Health opportunity for the exercise of their authority only *two* cases died. This very significant statement may be used as a boomerang by any one who seeks to uphold the course adopted by the Board. If it be true that none of those affected were vaccinated, it shows that the disease is not a disease to be dreaded, and if it be true that more than half of the victims had been vaccinated within the past three years, it shows that vaccination offers no sure protection.

**Dr. Henry M. Smith** will be missed from the coming meeting of the Institute. For forty years he was a faithful member and we cheerfully give place to the obituary notices that follows. It can be relied upon for accuracy in every detail and is a record of service that becomes a honored legacy to his beloved family.

Henry M. Smith, M. D., son of John T. S. and Amelia Franklin Smith, was born in New York City, April 24, 1835 and always lived there. He was graduated at the New York Medical College in 1860 and joined the American Institute of Homeopathy the same year and was elected provisional secretary. He also joined the Homeopathic Medical Society of the county of New York, of which he was secretary for eleven years from 1861, and the Hahnemann Academy of Medicine. He was elected a permanent member of the New York State Homeopathic Medical Society in 1865. He was professor of physiology in the New York Medical College for Women in 1865-66 and held the same chair in the New York Homeopathic Medical College in 1866-67-68. In 1859 he married his first wife who died in 1865. In 1867 he married again. For forty-five years he was actively engaged in the business of homeopathic pharmacy but during that time found time to edit in connection with Drs. P. P. Wells and Carroll Dunham and publish the American Homeopathic Review and to compile a great mass of statistics concerning homeopathy, homeopathic physicians and medicine. The last four years he had not taken active part in business but had devoted his time largely to his work as necrologist of the American Institute which his painstaking attention to detail made very considerable. The Pharmacopeia of the American Institute of which he was one of the editors and the raising of the Hahnemann Monument at Washington, for which he was secretary and treasurer of the fund, had occupied a great deal of his time and attention. He died of pneumonia on March 16th at the home of his daughter in Escondido, California, after an illness of about a week.

# The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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No. 4

## Materia Medica.

### COMPARATIVE MATERIA MEDICA.

(Continued.)

H. W. PIERSON, M. D.,

PROF. COMPARATIVE MATERIA MEDICA, DUNHAM MEDICAL COLLEGE, CHICAGO.

#### KALI BROMIDUM.

**General Action:** Unless there is a corresponding *atrophy* of muscular tissue *weakness* wherever found is a *mental* symptom and must be studied in accord with this interpretation. The seat of the trouble may be in the spine, the nerves that lead from the spine to the brain centers or in the brain centers direct.

The Kali salts may be taken as a type of the remedies in which the *weakness* is *physical* in character and associated with *emaciation*.

Kali bromidum is a chemical combination and its pathogenesis partakes somewhat of the characteristics of both elements; and the analysis gives opportunity for an interesting study.

Potassium is a primary element that enters into the composition of every tissue of the human body. It is very difficult to keep the metal in its primary state, because of the ease in which it combines, so our study is necessarily confined to the phenomena observed by the action of the various salts of potash.

There can be little question over the statement that its influence in the domain of molecular activity is second only to that of the vital force itself.

Its effects is made manifest through its action upon the protoplasm, destroying the oxidizing function of the red blood corpuscle thereby producing anemia and a general wasting of the body. Nature has provided for a number of combinations whereby its destructive action is repressed, while its potentiality is not impaired.

We may say that it acts upon the *sympathetic* nervous system in the same way that it acts upon the processes of nutrition; and that the occasional violent demonstration is due to its presence as a free agent while changing from one salt to another.

Its combination with bromine gives a picture differing from that of any other Kali salt. It is a general *depressant* and the cerebro spinal system feels its effect with all other portions of the body. The bromine retards the destructive changes and thereby enables the cerebro spinal system to act in a peculiar manner. There is both *sensory* and *motor* paralysis; but this effect does not seem to come directly from its action through the spinal cord but rather the indirect result of *lack of action*.

We are especially interested in that group of symptoms known as "Brom-

ism" because it is in this picture that we get the best interpretation of the general as well as the special action of this drug.

Bartholow reports an extreme pallor with feeble heart action. Dyspnoea with fluttering of heart upon slightest exertion. Cold hands and feet with general sense of coldness due to diminished action of the heart.

There are indications of motor disturbance, but we find no evidence of that form of spasmodic action to be expected from *irritation* of the centers of motor impulse.

There is neither tonic or clonic spasm but rather evidence of an impairment of functional activity through general systematic causes. It is extremely doubtful if Bromide of Potassium ever cured a case of true epilepsy, altho' its name almost invariably suggests the latter by reason of its persistent misuse in this direction.

We are inclined to the theory that the *primary* cause will be found in its general, systematic action upon nutrition and that the characteristics point to the heart as the center from which all phenomena is to be traced.

#### Special Action.

- I. SYMPATHETIC NERVOUS SYSTEM.
  - (a) Diminished blood supply.
- II. PARALYSIS—Sensory (anæsthesia) motor (uncertain movements).
  - (a) Heart—lessened blood pressure.
  - (b) Skin—anæsthesia—eruptions—acne—papules—boils—pustules.
  - (c) Muscular system — tetanoid spasms.

**Cerebrum.** This drug is placed under the cerebral groups because a large proportion of its therapeutic indications depend upon its peculiar *mental* symptoms.

There is *mental* weakness and this is heightened by the *physical* emaciation. The intelligence does not seem per-

verted but simply unwilling to act. If the systemic change has become sufficiently pronounced there may be an entire absence of mental action.

The hallucinations are apt to be of a frightful nature due to the fact that the mind is conscious of its inability to secure action from the body. This is especially noticed on first awaking from the profound sleep that follows the action of this drug. Another form of mental disturbance with frightful imaginations is recorded in those cases in which the history points to cerebral anemia for which the bromide was intended to act as a sedative. The mistake was simply in the size of the dose. This simple rule should govern the selection of Kali bromidum in cases where the brain seems involved: Other things being equal, *cerebral anemia* calls for the minimum dose and cerebral congestion yields only to the maximum dose. The maximum dose is never curative. This is the exact opposite to *Opium*. and consequently not homoeopathic to the case.

#### LACHESIS.

**General Action:** There is a similarity of action in all of the snake poisons and we are governed in the selection of any one, in this particular group of remedies by certain peculiarities which may be said to be the differentiating points.

Lachesis acts through the cerebro spinal system. It strikes at the center of the functional activities of the body—the medulla. It acts as a protoplasmic poison, destroying the life of the cell. We see its action first upon the nerve *centers*, because of the rapid disturbance of the functional activities of the body when the center becomes involved, but we see the general systemic action through the blood, when for any cause the blow has been warded



from a vital part while the systemic effects is allowed to progress.

For some reason the *motive* centers seem to get the brunt of the attack, while the *sensory* centers show a more prominent action from *Crotalus*. There is greater *motor* disturbance with greater *pain* under Lachesis. The *sensory* centers seem to be destroyed by *Crotalus*.

The general systemic action is undoubtedly through the *sympathetic* nervous system. Bear in mind the following facts in the study of Lachesis; that the *lowered* vitality is general and always present; that it shows itself in the most dependent parts; that disturbances of sensation and motion are always attributed to action *upon* nerve centers in the medulla; that we will naturally look upon the skin, glands and extremities for general action and mind, throat, lungs and heart for nervous action.

Lowered vitality with decomposition of blood would naturally result in destruction of the integument in the form of gangrene, erysipelas, hemorrhage, boils, etc. In the glandular system we expect them to be overtaxed to carry away the extra debris and vitality so impaired that they cannot perform even the usual demands of nature hence congestion and fatty degeneration is the logical sequence.

Peripheral *hyperaesthesia* precedes the deep constitutional effects and lasts for but a short period of time unless there be a limited amount of the venom ingested when it becomes one of the prominent characteristics with special action upon the skin, throat and lungs.

The peculiar aggravation after sleep is due to the fact that the vitality is always lowest when under the control of the subconscious mind to which susceptibility is added the above mentioned hypersensitiveness to external impressions.

The strong and vigorous may possi-

bly combat the destructive action of these malignant poisons by the prompt and persistent use of the ligature with injection of *Ammonia* in conjunction with *Brandy*; but there is little hope for those addicted to the use of alcohol under any circumstance.

#### Special Action.

#### I. CEREBRO SPINAL—Paralysis.

- (a) Brain—congestion—loquacity—dementia.
- (b) Cord—Convulsions—prostration.
- (c) Pneumogastric—constriction—(heart, bronchi).
- (d) Glosso-pharyngeal paralysis—(throat).

#### II. SYMPATHETIC—degeneration.

- (a) Blood.
- (b) Skin.
- (c) Glandular system.
- (d) Sexual organs.

**Cerebrum.** We find passive congestion present in the brain due to the *paralysis* of the vaso-motor centers with consequent impairment of mental faculties. There is apt to be loquacity *without* thought. The rambling, incessant talk associated with certain forms of dementia. *Weakness* is at the foundation of all the mental symptoms and it may be either *mental* or *physical* with the tendency toward the latter.

The objective symptoms of the head and face will appear under the consideration given to the skin.

#### OPIUM.

**General Action:** It may be stated that the general action of Opium is that of paralysis of both the *sensory* and *motor* centers. It involves every portion of the body in which are distributed motor or sensory nerve filaments. The degree being dependent upon the *susceptibility* of the prover. Much has been written upon the seemingly double action—the *primary* and *secondary* ac-

tion; but a clear understanding of its mode of action ought to clear up the difficulty.

Upon a *healthy* individual the action is uniform. There is a *seeming* stimulation for a brief period following by a pleasing, luxurient state of both mind and body which soon gives place to a quiet peaceful sleep that may end in profound coma with complete loss of both sensation and motion. The opposite picture will be found in the anemic, half starved constitution with exaggerated sensation of *Kali bromidum*. In this condition a small or even a large dose is not sufficient to overcome the unnatural irritation with the consequence that we have a distorted mental impression of every sensory impulse followed by its logical sequence.

A careful study of the order in which effects are produced shows that the first action is manifest upon that portion of the body which receives its motor impulses through the spinal cord. The *sensory* centers receive only exaggerated impressions and consequently send out modified impulses. With less inclination for *physical* exertion and but little to disturb the mental equilibrium we find the peaceful, luxurient ease of the early action of Opium.

As the *depressing* action extend *upward* we find the medulla involved with retarded heart action and lowered blood pressure; paralysis of the respiratory center with stertorous breathing and finally the typical coma of Opium due to the profound congestion of the brain.

#### Special Action.

- I. CEREBRO-SPINAL—Paralysis (sensory and motor).
  - (a) Brain—congestion—loquacity mendacity—coma.
  - (b) Medulla—respiratory center—(asphyxia)—vagi.
  - (c) Spinal cord.

- (d) Eyes—contracted pupil (oculo-motor).
- (f) Stomach—digestion impaired—great thirst—nausea.
- (g) Mucous membranes—secretions arrested.
- (h) Intestinal tract—obstinate constipation.
- (i) Kidneys—secretions diminished—calculi.
- (j) Sexual (male)—impotence.  
“ (female) menses suppressed.
- (k) Skin—Diaphoretic—prurigo—eczema.

**Cerebrum.** The mind is profoundly affected by this drug and we may get valuable indications of its actions by careful study or deny ourselves the use of one of the most important remedies in our materia medica through a failure to comprehend its scope of action.

As a sedative it has been a greater curse to mankind than a blessing, because its action is so positive that both physician and patient is often tempted to seek its aid regardless of consequences until it becomes the master and has the mind under complete and most debasing subjection.

Owing to the fact that it deadens sensation and consequently all motion comes from the voluntary exercise of the mind we must look to the mind for indications that govern the selection of this drug as a curative agent.

There may be great drowsiness and even stupor without calling for Opium. We have all these with the addition of the stertorous breathing in chloroform anæsthesia.

The key to the indications calling for Opium will be found in the evident *suppression or derangement of the involuntary functions of nature and the substitution for the same of misguided or perverted judgment of the mind.*

The drowsiness, stupor and coma is due to *passive* congestion without any

indications of irritation past or present and the evidence of *passive* congestion must be found in all parts of the body or this indication is of no value. The *stertorous* breathing becomes of value as showing involvement of the respiratory centers.

By reason of the derangement of the *sensory* apparatus, impressions received through the organs of *special* sense are perverted and "chronic liars" occupying bodies which give evidence of impaired nutrition will find valuable assistance from the infinitesimal dose of Opium.

*Fright* or the *fear* which remains after the cause for the fright has been removed comes out prominently in the proving. It is due to the feeling of insecurity mentioned in the key to the indications for Opium.

*Sleeplessness* is one of the sequella and must be grouped with a uniform picture of great nervous relaxation before it can possess much value from a therapeutic standpoint. *Coffea* will be thought of in this case but with both remedies much care is required that the concomitants be in harmony.

The *vivid* imagination, *loquacity*, etc., comes in the early stages of the Opium proving, hence must be found in the early stages of the disease to be treated. In the beginning, the mind is filled with *pleasing* sensations and the element of *fear* comes as the result of some impression from *without* and is liable to make a lasting impress upon the mind. It is this *after effect* which calls for Opium in the delirium of intoxication, injury, typhoid fever, apoplexy etc., and generally in the latter stages when nature's forces are about exhausted.

Hahnemann presents the following explicit hints: "A short cough caused by a cold; a persistent trembling caused by fright; a diarrhoea which has been suddenly occasioned by fear, a cold or

other slight causes; retching which has come in consequence of a moral emotion, as loathing, etc., yields to Opium."

#### PLUMBUM METALLICUM.

**General Action:** In large quantities it undoubtedly acts as a mechanical or chemical irritant and in a secondary manner through its action *upon* the *cerebro spinal* system; but its chronic or constitutional action must be through the *sympathetic* control over the processes of nutrition.

We must therefore study this drug through a knowledge of its various modes of action, e. g. In large doses there is generally a sweet or metallic taste in the mouth which is persistent. In a few moments there may be vomiting with or with nausea showing the action to be due to the local chemical action in the stomach. Following this vomiting comes the intense *burning* pain in the stomach and abdomen showing the irritating character of the chemical compound. The vomiting may contain white substance showing the presence of the chloride of lead, while the diarrhoea that is apt to follow a toxic dose will be black due to the sulphuret. There is intense thirst which only tends to aggravate the trouble.

Within a few moments, we have primary action through the pneumogastric and from it to the general spinal system. Every effort is made to expel the deadly poison and in the great majority of cases with *temporary* success; but paralysis may arrest the heart and respiratory center causing syncope and death. The more usual form is a peculiar and persistent form of nervous phenomena that should be so well known as to make a mistake in diagnosis avoidable. *Cramps* and neuralgic pains may become prominent, selecting the flexor muscles of the lower extremities, but do not last long, because death may ensue or relief come

through efforts taken to rid the system of the poison or to neutralize its action.

We now come to the most serious phase of the trouble and at the same time the most interesting because it occupies a wide field of therapeutic indications. The real *constitutional* effects will be found in all parts of the body, but may select varied portions of the body dependent upon *previous* susceptibility as the focal point for its demonstrations. The chief pathologic change is that of *fatty* degeneration.

Don't look for the *physical* signs of chronic lead poisoning unless you suspect the ingestion of a sufficient quantity of the lead salts to leave the characteristic deposit of black Sulphide upon the margin of the gums, because serious constitutional disturbances may take place without leaving any tissue change perceptible to the unaided eye. The mediums through which exposure may be made possible are so numerous that we should study the phenomena so as to be able to recognize the similarity when present and be able to combat its influence when found. Preceding any pronounced manifestation, there is a history, as a rule, of vague shifting pains through the abdomen that cannot be accounted for by any apparent cause. The absence of flatulence counter indicates that form of colic, although always associated with the process of digestion, because at the same time there is a loss of appetite with a peculiar metallic or sweetish taste and fetid breath. If there be constipation it is of an obstinate character with small, scanty and very dark stool with great pain during expulsion. The seat of these colicky pains must be *outside* the intestines and internally associated with the degenerative changes in the *sympathetic* as well as the cerebro-spinal nervous systems. These pains may assume any degree of severity until we have the typical pict-

ure of the *colica saturnina* that presages death. If the process of disintegration has sufficiently advanced we will find with the general emaciation that retraction of the abdominal walls which sometimes enables one to see the outline of spinal vertebra. A peculiarity worthy of note is found in the fact that *pressure* upon the abdominal viscera never aggravate the pain, showing the absence of inflammation which when combined with the tendency to retraction of the abdominal walls confirms the diagnosis of fatty degeneration.

*Paralysis* is fully as prominent a characteristic as the *colic* and like the colic has peculiarities that should not be overlooked. Instead of following the trunk of great nerves it has the tendency to limit its action to its *peripheral* attachment to single muscles with special affinity to certain *extensors*. Associated with this peculiarity will be found the further fact of rapid wasting away of the muscular tissue involved, which again shows its intimate relation to the process of nutrition. Another general characteristic is a marked tendency toward *relapses* after everything seemed to be improving. This adds to the evidence of its deep seated action upon the sympathetic in preference to the more superficial as well as rapid action through the cerebro-spinal nervous system.

#### Special Action.

- I. SYMPATHETIC—Fatty degeneration.
  - (a) Brain—eclampsia.
  - (b) Eye (optic nerve) atrophy—amaurosis.
  - (c) Muscles—paralysis—atrophy.
  - (d) Kidneys.
  - (e) Joints, cartilages, fibrous tissue—arthralgia.

**Cerebrum.** The brain symptoms depend in a large measure upon the size of the dose. As a rule quite a period of time passes before any severe mental

symptoms appear. The entire body has become affected and the brain only suffers with the rest. Its indications consequently point to deep-seated, chronic maladies. There is general indifference with a feeling of hopelessness due to the fact that nothing seems to be able to relieve the intense suffering in various parts of the body. During the exacerbations of pain there may be convulsions and delirium finally sinking into a stupor.

The pains in the head may be violent and of a shifting character similar to those in the abdomen and extremities

and apt to terminate in unconsciousness. By reason of the similarity of its action to epilepsy it has been given with excellent results. In fact its mental peculiarities have led to the selection of this remedy when the disturbances in various portions of the body would have been misleading if followed alone. When indicated in eclampsia there must be the history of colicky pains in the abdomen with excessive pains in the extremities preceeding the convulsion and stupor with the great muscular weariness following.

## CASES ILLUSTRATING BRYONIA, KALMIA AND SULPHUR.

EDWARD CRANCH, PH. B., M. D., ERIE, PA.

Bryonia sometimes seems to disappoint us, we prescribe it on the plainest indications, and the next day there is perhaps no improvement, and we see the patient is discouraged, he acts as if he expected an immediate change of prescription and sometimes says so right out in meeting—feels rebellious and hints for a consultation, or his friends do for him.

This is especially the case in typhoidal conditions, but may and does occur in pleurisy, rheumatism, measles, bronchitis, diarrhœa, grip, dyspepsia, etc.

We have to appear to humor the patient, often, by seeming to change the prescription, and even assuring the patient that a change has been made while really the Bryonia is simply renewed, or else, if we think there is a medicinal aggravation, which will generally be the case if the temperature has risen, other symptoms remaining the same, we give *Sac. lac.*

But we must be firm in our own course, confident in the most being done that is possible, in which case the mild deception alluded to becomes of no harm to any one, no more than the customary

small coin of polite society, wherein we say, "I am glad to see you," "so glad you called" etc., when a close analysis of our thoughts would reveal a conflict of expressed and reserved opinions; but where no injury is intended, society is by so much the gainer.

To return to our Bryonia subject, generally, if we have had the self-confidence, the patience and the tact, to wait another twenty-four hours, *then* we will see the benefit.

For example, Mr. N., prominent manufacturer, taken ill with fever, heat of head, generally taciturn and quiet, but firm and decided in his opinions, tongue white, slight perspiration, no stool for two days, thirsty, but seldom much pain in back over region of liver, generally well and vigorous, received Bryonia<sup>1000</sup> in water, dose every hour if awake, and to stay in *bed*.

Next day apparently no better, but I had confidence enough in him to tell him he was doing well on the remedy, and that I should merely continue the same, of course not naming it. He said he thought he needed a change, but made no further objection. Next day he was

very much better, and in two days more was back to work.

Mrs. C., mother of several children, now pregnant, about third month, had very sore pains all over right side, over region of kidney. First, at the office she got *Berberis*<sup>200</sup>; then after only slight improvement, she got worse and went to bed, the pains arrested breathing but she had no cough.

She was a woman of much energy of character, yet of very refined manners. Every move hurt her excruciatingly, even raising her hand to the pillow. She vomited food, and was moderately thirsty, had no headache. Bowels costive, received a seidlitz powder with good effect, and *Bryonia*<sup>200</sup> in water, dose every half hour.

Next day no better, rather worse, but no increase of temperature and no change in general state. *Bryonia* continued. The next day, Sunday, hardly any change, still very sore on slight motion. No vomiting. Monday was a great deal better, could sit up and walk about. The tongue was coated yellow, and she was easily fatigued. She received a few doses of *Natrum sulph.*<sup>200</sup> and was discharged.

Kalmia, one of the rheumatic tribe, did good service in the following case:

Mr. O. J., with hereditary tendencies to arthritic rheumatism, had grip in January, soon recovered. He then showed signs of gout, appearing, as usual in his case, in the metatarsal joints and hallux of both feet. He got *Rhus tox*<sup>200</sup> and was benefited. After getting out of bed he had a most violent rheumatic headache, coming on by ten or eleven a. m. increasing until one p. m. and disappearing at five.

Relief from tying up tightly and from hot applications. The pain was fixed in forehead over right eye *but not in the eye*. Feet were better. *Spigelia*<sup>200</sup> which

had helped before, when the pain was *in the eye*, gave no visible relief. *China*<sup>200</sup> produced a violent aggravation, but no improvement followed it. On the fifth day Kent's repertory pointed to Kalmia, which was given in the 200th, from a vial of dry pellets that had been unopened for at least ten years. Relief was immediate, and a slight return in about three days was treated by the same remedy. There has been no return since.

Sulphur, lately verified by Dr. Martin at the Pittsburg Homœopathic Hospital, where it cured a patient suffering with typhoid fever whose *feet burned so he stuck them out of bed*, has been again verified in two cases, as follows:

Mrs. G., age 50, wiry, lean, dry skin, very energetic, always on the go, had an attack of grip and fell into the hands of a new graduate in allopathy.

He, knowing her predilection for homœopathy, began by the small dose (as he thought) of half a teaspoonful acnite tincture in half glass of water, teaspoonful every hour. Result, delirium and restlessness intensely aggravated, and congestion of right lung added. Then he gave *Bryonia*, same dose, result, temperature 105 degrees, and a racking cough. He had previously suppressed an eczema on the chest by some ointment, driving it away, only to exhibit its violence on the lids of the eyes. After a week of this sort of treatment he was dismissed and I took charge of the case. The most characteristic symptom was an intense and constant burning of the feet and soles, the most annoying symptoms were the fever and the cough, together with a bloody dysentery and bloody catarrh of nose.

She got Sulphur<sup>200</sup> in water, dose every hour, later two hours. She began to improve on the second day and then got Sulphur only occasionally, but

made a complete recovery in short four weeks, and the rash began then to re-appear upon the chest.

Mrs. H., over 70 years of age, in good health, very spare and wiry, like the above case, was taken in the same manner, but was under my care from the start. An early symptom was the burning of legs and feet, must stick them out. Wakeful and delirious, but temperature never higher than 102 degrees. Cough very annoying and persistent, but expectoration free and no congestion. She got Sulphur in water, as needed. Later 200th she received *Argentum nitricum*, indicated by the *general sense of being too warm*, although the special burning sensation was gone. (It is well to remember that *Chamomilla* and *Belladonna* also have marked burning of soles of feet).

She was well in about five weeks. A peculiarity in her case was the constant craving for hearty food, such as pork chops, liver and bacon, buckwheat cakes, poached eggs, cabbage etc., *but she did not get them all*. Half slices of bread or a teaspoonful or two of baked apple or custard, was all her stomach could bear.

Hers was the sort of case it is hard for a young physician to hold, every one is so discouraged and relatives are telegraphed for, (as hers were) but she had been my patient with all her family for more than twenty-five years, I had no trouble. Still, even old friends will sometimes turn and disrupt Polonius' "hooks of steel."

## A MEDICINE CASE FOR THE LITTLE ONES.

M. E. DOUGLASS, M. D., BALTIMORE, MD.

**Lycopodium.**—Flatulency, obstinate constipation, cachectic complexion, red gravel, and acid dyspepsia, are all within the range of the influence of *Lycopodium*. High dilutions best.

Hyperæmia of the brain when due to the suppression of a habitual discharge with vertigo and constipation.

Hydrocephalus, when accompanied with suppression of urine, dilated pupils, sopor, and twitching of the muscles.

**Ophthalmia neonatorum.** Inflammation of the eyes, with redness of the conjunctiva bulbi, swelling of the lids, photophobia, profuse lachrymation, and nightly agglutination. Redness and swelling of the lids of the right eye.

**Otorrhæa.** The discharge is purulent, ichorous, and is accompanied by great hardness of hearing, although not absolute deafness. The tonsils in such cases are found enlarged, the nose frequently obstructed. The mouth is kept

open, and the tongue protrudes slightly. These indications also hold good for the treatment of coryza. The stoppage of the nose forces the child to breathe through its mouth. There are scurfs in the nose, and an acrid discharge will sometimes excoriate the upper lip.

*Lycopodium* is one of the most reliable of our remedies for the dry form of chronic coryza, with much sneezing during the day—at night the nose is completely stopped, with dryness of the nose and burning headache.

The nose is obstructed high up with almost complete closure of the nostrils at night, so that the patient breathes with open mouth and protruding tongue.

The morbid action frequently extends to the frontal sinuses, with frontal headache and thick, yellow discharge, which is at the same time acrid and excoriating. The irritation is prone to extend to the air passages, causing cough with

loose expectoration, and the coryza then becomes somewhat fluent.

*Bronchitis and pneumonia.* Forcible dilatation and contraction of the alæ nasi. Severe bronchitis: short cough, worse during sleep, and in every exertion; dyspnoea worse when lying on the back; wheezing breathing in the day time, with sensation of too much mucus in the chest; loud rattling; cough worse from 4 to 8 p. m.; also aggravated from eating and drinking cold things, when stooping and lying down. The cough ends with a loud belch. Most observers agree that the Lycopodium cough resembles mostly Hepar, Kreosotum and Pulsatilla. It is loose and rattling with difficult expectoration. In pneumonia and phthisis, where the right side is more affected, the cough loose, full and deep, sounding as though the entire parenchyma were softened, the patient raising a whole mouthful of mucus at a time which in color is a light rust, not much unlike that of Bryonia, but not so thick, more stringy and easily separated, and if, in addition, there should be present fan-like motion of the alæ of the nose, Lycopodium<sup>200</sup> will almost certainly afford relief within twelve hours.

The respiration of Lycopodium is predominant with moist sound, while the respirations of Pulsatilla, Sepia, and Silicea are marked by the predominance of the dry sound.

*Morbid sweat.* Evaporation from the body smelling like onions. Profuse sour smelling sweat over the body, not on the legs. Perspiration every night, after midnight, especially on the chest. During the night profuse sweat, with coldness of the forehead and neck. Perspiration only in the joints, early morning. Early morning sweat over the whole body, smelling like blood.

*Difficult dentition.* The gums are exceedingly painful to touch, and easily

bleed when rubbed. The teeth that are through may have a yellow color. The child sleeps with its eyes partly open, throwing its head from side to side, with moaning. Often very restless all night, like a rhus restlessness. It takes but small portions of food at a time, and does not care much for food.

*Tonsils.* In all affections of the tonsils, especially chronic enlargement, Lycopodium is invaluable. Stoppage of the nose, with inability to breathe through it, after excoriating discharge from the nostrils; tongue protruding from the open mouth; everything worse during the evening. In bad cases of diphtheria there may also be present, stupor; swallowing very painful, even causing spasm of muscles of deglutition, with constant desire to swallow; white or grayish membrane upon a brown-red surface; much swelling of the parts, worse on the right side. Upper portion of the body much emaciated, with large abdomen.

*Stomatitis.* When the mouth is dry, no salivation, the ulcers are mostly under the tongue and on the tip.

*Cerebro spinal meningitis.* Desire for company; irritable and peevish on awakening from sleep; headache with pain extending down the neck; great weakness, lower jaw often hanging down; acuteness of hearing and smell; swelling of tongue; much flatulency; red sand in the urine; pain in back before urinating. Jerking of the limbs or the whole body, whether awake or asleep.

*Bone affections.* Sudden failing of strength; great weakness; great thinness; pain in the small of the back; chilliness in the small of the back; large swelling of the psoas muscle, very painful on moving the body; pain in the back extending to shoulders and small of the back; rheumatic tension, pinching, or drawing pain in the back; burning as if from a red hot coal between the scapulæ.



**Skin Diseases.** Eruption especially about the head, neck, face, hands and fingers; right side more and oftener affected. There is abundant thick, foul-smelling discharge, frequently drying into thick crusts with deep cracks; blood oozing after scratching. Biting and itching when becoming warm, and from wet poultices; the eyes may be inflamed with purulent discharges and photophobia; as well as purulent, ichorous otorrhœa.

Pain and soreness begin on right side of throat (Lachesis left side), which is worse from cold drinks (especially milk) (Lachesis better from cold); better from hot drinks.

Tongue is darted out, and oscillates to and fro.

**Sulphur.**—In the *sore mouth* of infants, when there are blisters and aphthæ in the mouth with burning and soreness, especially when eating. Thick whitish or brownish coating on the tongue. Profuse or bloody saliva. There is apt to be acrid, slimy or greenish diarrhœa excoriating the parts.

In *marasmus* the child frequently awakes from sleep with screams. Great voracity, wants to put everything it sees into its mouth. Diarrhœa excoriating the anus. Copious morning sweats after waking.

In *constipation* the stools are hard, knotty, and insufficient. The first effort at stool is very painful, compelling him to desist. Frequent weak, faint spells.

In *diarrhœa* the stools come on very suddenly in the morning, and are very changeable, yellow, brown, green or undigested. As accompanying symptoms we find constant heat on top of the head. Frequent, weak, faint spells. Drowsiness during the day, wakeful at night. Sulphur is especially called for when the diarrhœa follows suppressed eruptions. Sulphur is also to be used, in this, as

well as other affections, when the seemingly indicated remedy fails to act. A dose or two of a high potency will rouse the slumbering vitality.

In that bug-bear of children, *intestinal worms*, Sulphur is called for when there is passage of lumbrice, ascarides, or tænia. Creeping and biting in the rectum. Frequent, weak, faint spells. Must have something to eat about 11 o'clock a.m. Anus, raw and excoriated.

In obstinate cases of *ischuria* where the urine is mixed with mucus or blood, very foetid. Burning in the urethra after micturition.

Sulphur is frequently useful and curative in *fluent coryza* of clear water.

Soreness and pressure in the throat as from a lump. Complete loss of taste and smell.

Discharge of blood or copious, thick yellow, purulent matter.

**Bronchitis and pneumonia.** Hoarseness and aphonia. Sensation of something creeping in the larynx. Loose cough with thick mucous expectorations and soreness in the chest. Stitches in the chest extending to the back. Pain in the left side. Cough, with expectoration of greenish mucus, with sweet taste.

Frequent weak faint spells. Mucus rattling and suffocative fits.

**Pleurisy.** Stitching pain on left side going through to the shoulder-blade, worse from the least motion. Short dry cough.

In *Tuberculosis pulmonum* Sulphur will often greatly mitigate the sufferings of the little sufferer, when the following symptoms are present: Dryness and burning in the throat. Hot breath, acne, eczema, impetigo, etc., on the skin. Cough dry, with now and then profuse discharge of purulent matter, which relieves for a while. Complaints of being too hot. Profuse sweat at night. Burning in the soles of the feet.

In *Encephalitis* where there is heaviness of the head, it sinks involuntarily backward. Sweat on the head, of musk-like odor. Frequent changes of color in the face. Sour smell from the mouth. Sleepy during the day and wakeful at night. Scrofulous diathesis. After suppressed eruptions.

*Infantile paralysis* coming on after typhus, exanthematic fever or suppressed eruptions. Obstinate cases where the indicated remedy does not seem to act well.

*Scarlatina*. Rapidly growing red all over, with sopor after first vomiting. Burning heat of the skin. Bright eruption growing purple with diarrhoea. Worse in the morning.

*Rubeola*. The eruption does not come out and the catarrh becomes continually worse. Violent otalgia with purulent discharge. Chronic after complaints, otorrhoea, diarrhoea.

*Eczema*. Great itching, with tendency to spread. Dry eruption, or foetid and moist, with thick pus, yellow crust, and easily bleeding. Itching, worse in the evening and in bed.

In *Scabies*, Sulphur is the chief remedy. There is intense itching with burning and soreness after scratching.

*Calcarea carbonicum*.—This is a deep acting remedy, and, when the following characteristic symptoms are present, will be found highly useful in all affections to which children are liable especially if occurring during the period of dentition. It should be administered only in a high potency, and each dose allowed to act until its effects are exhausted before another dose is administered. Its characteristics are:

Scrofulous children with large heads, and large, open fontanelles. Feet cold and damp. Much sweat about the head during sleep. Abdomen hard and enlarged, like a saucer turned bottom up. Stools thin and whitish or chalk-like,

smelling sour or bad. Oozing of fluid from the rectum smelling like herring brine. Undigested stools. Face pale and wrinkled. Desire for boiled eggs. Great appetite. Sour vomiting. There may be constipation of hard, indigestible clay-colored stools. Itching of the anus in the evening. Urine dark-brown, foetid, with white sediment. Inspiration hoarse, loud and difficult, causing the child to cry out in pain. Frequent attacks of hoarseness. Dry cough from tickling in the throat as from dust, especially in the evening or at night. Early morning cough with yellow expectoration. Tightness in the chest as if there was not room enough to breathe. Morning cough, with rattling in the chest. Glandular swellings about the neck. Jerking of one side. Light-haired children inclined to grow fat. Thin moist porrigo on the scalp. Thick moist or dry crusts. Eruption attended with swelling of glands, heat, thirst and want of appetite.

*Chamomilla*.—Chamomilla has justly been called the "children's remedy." The following hints will give indications for its employment in the diseases of our little patients:

Child starts and jumps during sleep. Wants different things and rejects them when offered. Redness of the cheeks, or redness of one and paleness of the other. Fever toward evening, with alternation of heat and chilliness. Great irritability sensitiveness of the nervous system. Very restless and cross, wanting to be carried about all the time. Convulsive twitchings of the extremities. Green, watery and slimy stools, or like chopped eggs and spinach, odor like decayed eggs, excoriating. Vomiting of bile or green mucus. General acrid discharge from the nose. Hoarseness and rattling cough on chest, with soreness. Scraping, dry cough from tickling in the larynx, worse at night, and continuing

through sleep. Cough from crying. Suffocative fits, short anxious breathing. Much hot perspiration about the head and face. Small red spots on the skin. Unhealthy skin readily ulcerating. Intertrigo of infants. Great sensitiveness to pain, or to wind or currents of air. Darting and lancinating pains.

**Aconite.**—Prof. J. C. Saunders, of Cleveland, Ohio, during his occupancy of the chair on Clinical Diseases of Children, used to say of nearly every case that presented for treatment:

"A very interesting case, gentlemen, a very interesting case, and we will give it Aconite 30th." So frequently did he make this prescription, that he was called by the boys "Aconite 30."

It is undoubtedly *one* of the most valuable remedies in the homœopathic materia medica in the treatment of diseases incident to childhood. We should think of this remedy in all cases when the following symptoms are present:

In *Indigestion* the infant has a dry, hot skin, is sleepless, restless, cries much, bites its fists, and suffers from green and watery diarrhœa. A dose or two of Aconite cures all these difficulties in a few days.

In *Dentition* there is constant restlessness; the child gnaws at anything it can get hold of; cries, whines or frets much of the time. Its sleep is very much broken, and there are usually much heat about the head, and a dry skin, sometimes with cold hands and feet. There may be constipation or diarrhœa. The child is usually very thirsty, and seems to be relieved very much by holding on to the cup containing cold water with its mouth, apparently for the purpose of cooling its gums.

In *Diarrhœa* the skin is hot and dry; restlessness and much excitability; stools watery and often of a dark color.

In the commencement of an attack of *bronchitis*, when the fever runs very high,

skin is hot, with much distress and restlessness, Aconite will sometimes cut it short.

In *Pneumonia* the child can scarcely cough, the suffering is so intense. Short and rattling breathing; constant cough; almost constant crying, with anxious countenance and great uneasiness; high fever and great restlessness.

In *Croup*, Aconite will be especially called for if there is a high fever, skin dry, much restlessness. Cough and loud breathing during expiration. Every expiration ends with a coarse hacking cough.

In *Scarlatina* where there is much distress, restlessness, heat, thirst, and sleeplessness; the rash is not smooth. Aconite relieves the excitement of the system, both nervous and sanguineous, and at the same time promotes the development of the eruption. Miliary rash, of a darkish hue; there is fear. The patient does not wish to be alone; red face, which turns pale on rising.

In *Measles*, Aconite is the most suitable remedy in a large majority of cases.

In the *Jaundice* of infants, the Aconite baby is hot, restless, sleepless and in distress.

In *Ophthalmia* where from exposure to cold air, there arises a high state of inflammation; general fever, with restlessness, distress and sleeplessness.

In retention or suppression of urine, in the new born babe, Aconite is the prince of remedies.

In *Cerebro-Spinal Meningitis*, at the onset of the disease, when there is *much fear manifested*, restlessness, no position is satisfactory, thirst for cold water, active inflammatory symptoms, particularly in plump and full-blooded patients.

In any condition where there is fear, restlessness, high fever, thirst for cold water in large quantities at short intervals, Aconite has an important role to perform.

**Aethusa cynapium.**—The child throws up its milk soon after nursing, suddenly with great force, then falls asleep as from exhaustion, to awaken for a fresh supply.

Stools watery, yellow, or greenish, without smell. Vomiting of coagulated milk. Pale face, with painful expression around the mouth. Spasms, with stupor and delirium, clenched thumbs, eyes drawn downward. Thirst and great prostration.

**Antimonium crudum.**—*Gastritis* from deranged stomach. Frequent vomiting, with thickly coated, white or yellow tongue. Eructations tasting of the food, great thirst at night, and total loss of appetite.

*Constipation* with hard stool with difficult expulsion and much previous straining. Stools watery and profuse, with deranged stomach. Violent vomiting of bitter, bilious or slimy mucus; worse after eating or drinking. Continuous discharge of mucus from the stomach. Diarrhoea from overloading the stomach. Children are averse to being washed or looked at.

On the skin we find its action to produce white blotches with red areolæ, violent burning and stinging. Blotches and vesicles as from stings of insects, on the face and joints, coming on with itching and disappearing in a few hours.

In the chronic form of eczema, worse from bathing, better in the open air.

Child cannot bear to be touched or looked at.

All of the skin affections are accompanied with gastro-intestinal derangement, and thick, white-coated tongue.

**Cicuta virosa.**—Although the use of this remedy is somewhat limited, and its

symptoms few, yet it is one of our most valuable drugs in pediatrics.

Frequent hiccough and crying. Pain in the nape of the neck. Spasmodic drawing of the head back, and tremor of the hands. Grinding of the teeth, with pressing of the jaws together, like lock-jaw. Convulsions, with limbs relaxed, hanging down, or stiff, rigid, and extended.

In *Epilepsy* child becomes suddenly stiff, with eyes fixed upon one point.

Violent spasms of the head and upper part of the body. Puffed bluish face.

Spasmodic rigidity, with the head bent backward or forward. Prostration after the spasms. Convulsions from irritation of worms.

In *Trismus* the body becomes suddenly stiff and immovable. Tetanic stiffness of the whole body. Puffed and bluish face. Spasms renewed from slightest touch, noise or talking.

In *Cerebro-Spinal Meningitis* this drug will be indicated when there are frequent jerks through upper part of the body. Tremulous motion of the limbs. Bruised pain in the extremities. Jerking of the head.

**Magnesia carb.**—Mercurius is often prescribed when Magnesia carb. should be given.

Green and sour-smelling diarrhoea, which has continued for a long time. Green watery stools, resembling the scum of a frog pond. Frequent vomiting of sour-smelling substances. Loss of appetite, emaciation. Sour vomiting, oedema of the feet up to the calves. Stools bloody mucus, or green slimy, with tenesmus. Tongue coated dirty yellow. Face pale and earthy or dirty dark yellow.

## ALCOHOLISM.

P. C. MAJUMDAR, M. D., CALCUTTA.

EDITOR HOMŒOPATHIC REVIEW.

*Nux vomica*—*Nux* is the great anti-alcoholic remedy. It corresponds to the tremor, to the nervous affections, to the headache, to the bad taste. It also corresponds to delirium tremens, where every little noise frightens and the victim finds no rest in any place, springs up at night and has frightful visions. It is the remedy for the acute results of a spree; the morning big head is often large enough for the *Nux* cap, and the "rich brown" taste corresponds beautifully. It is a remedy to be given while the patient is still under the influence of liquor.

*Hyoscyamus*—When the delirium tremens occurs, this is usually one of the first remedies indicated. The delirium is constant and loquacious, rarely inflammatory enough for *Belladonna* or maniacal enough for *Stramonium*.

The pulse is small and quick and compressible, the skin is cold and clammy, the patient is tremulous and picks constantly at objects in the air. The visions are those of persecution, are terrifying and the patient makes efforts to escape. Constant insomnia is an excellent indication; outburst of laughter alternating with weeping may also occur. Dr. Butler says that for the production of sleep no remedy compares to *Hyoscyamus* in the tincture five or ten drops in a half glass of water and teaspoonful doses given half hourly.

*Opium*.—This is a remedy indicated for "old sinners" who have had the delirium tremens over and over again. There is a constant expression of fright or terror, they have visions of animals springing up everywhere, they see ghosts, the sleep is uneasy, the breathing is stertorous. It is especially indicated in those cases simulating apoplexy. *Lachesis* has visions of snakes and hideous

objects. It has a choking sensation in throat which awakens suddenly from sleep.

*Stramonium* is suitable in habitual drunkards; it has visions of animals coming at him from every corner and he tries to escape. The face of *Stramonium* is bright red not dark red as in *Opium*.

*Arsenic* has visions of ghosts with great weakness, diseases from over-use of alcohol; patients must have their accustomed drinks; great tremulousness and nervous weakness.

*Belladonna*, too has delirium with visions of rats, mice, etc., and so has *Calcarea carb.* *Belladonna* is easily distinguished from *Opium* and *Calcarea* comes in as a last resort after *Belladonna* and *Stramonium* have ceased to do good.

*Aconite* also has worked well in the acute mania of delirium tremens with the same desire to escape found under *Belladonna*.

*Ranunculus bulbosus* given in the tincture has been found to be most calming in attacks of delirium tremens.

It is undoubtedly one of our best remedies in the treatment of acute alcoholism. The writer has prescribed this remedy with good results.

*Cimicifuga* is useful in cases that are mentally depressed and tremor is a prominent symptom. The delirium is mild and the hallucinations relate to small objects. There are persistent sleeplessness and physical restlessness.

*Sulphuric acid*.—This is the remedy for chronic alcoholism. It corresponds to inebriates on their last legs who are pale and shriveled and cold whose stomach will not tolerate the slightest amount of food. They cannot drink water unless it is well whiskied. They

are quick and hasty in everything and have a great and constant craving for brandy. It comes in long after *Nux vomica* perhaps after *Keeley* cures have failed over and over again. It suits the sour breath and vomiting of alcoholic dyspepsia. The constant craving for brandy reminds one of *Sulphur*, *Nux vomica* and *Arsenicum* all of which have craving for spirituous liquors.

*Tartar emetic* may be useful when mucous gastric derangement predominates as after beer, with tendency to pneumonia and accompanied by cool sweat.

*Capsicum* in ten drop doses of the tincture will stop the morning vomiting, sinking at the pit of the stomach and intense craving for alcohol in dipsomania and promote the appetite. It reduces the agitation and tremor and induces calm sleep.

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#### Sea Sickness.

*Petroleum*.—This is by all odds the most frequently indicated remedy in sea sickness. Dr. Bayes says it is the only medicine that he found to be of any use; he used the 3d potency. Hughes also praises it in this affection and the writer has used it with success. The special symptom is nausea which is accompanied by vertigo, the vertigo coming on especially when the patient raises his eyes. These symptoms are

worse from motion or riding. There are rather persistent nausea and qualmishness than vomiting; although bilious vomiting also occurs. It undoubtedly has prophylactic power and may be taken night and morning for a week or two before sailing.

*Cocculus*.—This is perhaps one of the oldest homœopathic remedies in sea sickness; great nausea is one of its characteristic symptoms; it is provoked by motion, change of posture and especially from riding in a carriage on the cars or on a boat. This nausea is accompanied by vertigo with a tendency to faint.

*Apomorphia*.—This remedy has gained quite a reputation for the cure of sea sickness. There are no special indications for its use except that it has vomiting of cerebral origin.

*Theridon* has proved useful in sea sickness in nervous women. They shut their eyes to get rid of the motion of the vessel and grow deathly sick.

*Staphisagria* has also attained some success in the treatment of sea sickness. *Glonoine* is the remedy especially when there is giddiness, warm sickening sensation in the chest and stomach and a faint feeling.

*Tabacum* produces an astonishing resemblance to sea sickness and car sickness and in the higher potencies is sometimes very efficacious.

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#### SYMPTOMS AND DIAGNOSIS.

When a homœopathic doctor sees a patient, and especially a new patient, there goes on in his brain a double working. He must find out as near as may be the extent and kind of his ailments, and he must also find out the best means to be adopted for putting the wrong to rights. In the old school these two mental operations are in general reduced to one. Having decided

on the proper name for a man's disease, the selection of the remedy is a matter of routine. In homœopathy it is nothing of the kind; for all the time the practitioner is ascertaining the history, signs, and symptoms of the patient's malady he is on the look-out for points which will need to be matched by the remedy he will eventually select. These points are more frequently than not of

little or no value for the purposes of diagnosing the name of the remedy. To take an example. In a case of scirrhus of the right breast, with indrawn nipple and destruction of the whole of the proper breast tissue, the disease has been kept in check for many years, so that it has in no way interfered with the ordinary discharge of life's duties. A number of remedies have been used, but the most effective is *Oleum animale*<sup>30</sup>. About the diagnosis of the case there was never any doubt—but the remedy? The remedies which have ameliorated or cured cases of cancer exist in the materia medica by scores, and there are plenty more in the fields and lanes, as Dr. Cooper has shown, if we only knew which to select and how to give it. But difficulty arises if we are tied to any nosological list in which the symptoms of the individual patient do not happen to be found.

But to return to our case. One day the patient complained that she had been much troubled by stitching pains in the tumor; and she was particular to state that these stitches shot out of the breast. Now this was a point for comparison. To remedy this condition a medicine had to be found which not only had stitches in the right breast, but stitches having the direction from behind forward. The trouble with most cancer cases is that they have no symptoms of any value for the purposes of matching, and have to be treated more on general correspondences; so the occurrence of a symptom like the above delights a true homœopath. Under *Oleum animale* there were found stitches affecting both breasts, and in particular this symptom: "Darting in the mammæ, when standing, *from behind forward*." *Oleum animale* was given, and at once relieved the pain and arrested further progress of the disease, though it did not remove the lump already

there. The symptom in itself was of no pathological significance and would only have bored an allopath if he had had to treat the case. But to the homœopath and the patient it was of the first importance. And, moreover, whatever affection of the breast the patient might have had, if that symptom had been the chief or only symptom complained of, *Oleum animale* would have been the remedy.

In order to find that symptom of course a repertory was needed; but an exact and extensive knowledge of the most important remedies will enable a prescriber to carry on the two mental operations of nosological diagnosis and remedy selection simultaneously in a large number of cases of daily practice. And happily a *simile* will do something when urgency is a consideration and the *simillimum* cannot be found without the delay of a repertorial search.

We have been led to make the above remarks because the allopathic habit of looking to the nosological diagnosis as the basis of the prescription clings to us very tenaciously. There are some homœopaths who expect the remedy they select to have actually caused the pathological condition they seek to remedy. They must have for a case of pneumonia remedies which have actually caused consolidation of lung tissue, and they do not think it correct homœopathy to prescribe any other. This practice is only one remove from the allopathic plan, and sometimes not even that. Pathological changes are generally the lowest order of drug effects to be matched by the remedy. It often happens that the remedy for a physical disease has its keynote indication in the mental concomitants of the case, or in the time of day at which the symptoms are better or worse. Indications for homœopathic remedies are not to be stated in terms of Quain's *Dictionary of Medicine*.

There is a freedom about homœopathic prescribing which those who come straight from allopathic training cannot comprehend; but they must set about learning it as quickly as possible, if the distinction between the two schools is to be maintained so as to be perceptible to the naked eye of the public. And the first thing to be developed is an eye for symptoms and a clear perception of their value as guides to prescribing. All those numberless apparent absurdities which patients complain of, and which are often a burden to their lives, are brushed aside by the allopath as rubbish, or pure fancies; they

do not help him in the least to make his diagnosis, and hence do not help him to treat his case. To the homœopath they are often pure gold and spell out to him the means of curing his patient, whatever his diagnosis may be. And diagnosis is a very shaky art. There are swarms of "obscure" cases about; which means, in plain English, cases that cannot be diagnosed at all. Homœopathy by the aid of apparently unrelated and even ridiculous symptoms can often solve the "obscurity" by curing the case, and revealing the true pathology of it at the same time.—*Editorial Homœopathic World.*

### SOME THROAT SYMPTOMS OF LACHESIS.\*

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The throat symptoms of Lachesis may be divided into two groups.

The *first* includes the *characteristic symptoms*, *i. e.*, those which differentiate this remedy from others; and also some general symptoms applicable to the part. It consists of nine more or less complete symptoms, which are as follows:

1. *Throat and neck sensitive to slightest touch or external pressure*; it may cause nausea.

Everything about the throat distresses, even the weight of the bed clothes.

If in the evening on lying down anything touches the throat or larynx, it seems as though he would suffocate and pain is much increased.

2. *Difficulty of swallowing of saliva, not food*; of liquids more than solids, they escape through the nose.

With spasmodic stricture, on swallowing solids there is a struggling and the food "goes the wrong way," gagging follows.

3. *Feeling of a lump in the throat*;

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sometimes painful; *suffocative sensation*; must swallow often; on swallowing the lump descends but returns at once. It feels as if it could be brought up, but it will not come. May wake from sleep distressed and unhappy with this sensation of choking; must have the whole neck bare.

4. *Tendency to affect the left side either alone or to begin on the left and extend to the right.*

This is the common feature, but the reverse may be true, *i. e.*, the right side first involved with extension to the left, where it remains fixed.

This does not contra-indicate Lachesis.

5. *Recumbent posture often impossible.*

6. *Aggravation after sleep; or the aggravation wakes him from sleep; i. e., sleeps into the aggravation.*

This is spoken of as the morning aggravation of Lachesis when it comes on waking in the morning, more properly it is the aggravation after sleep.

Often, especially in the severer cases,



the patient feels the aggravation immediately on going to sleep and it arouses him.

7. *Aggravation from hot drinks.*

8. *Pain in the throat, extending to the ears; desire to swallow; aggravation on deglutition: pharynx swollen, dark red. Swallowing increases the pain in the ears or sends the pains into the ears.*

9. *Throat and larynx painful on bending the head backward.*

The second group is made up of the **concomitants**. In it are to be placed the various sensations which are non-characteristic; they simply round out the case. They are important but less so than those in the first group, which they often elaborate.

These symptoms should be taken into account and covered by the remedy; but as they vary within rather wide limits, it is evident that for the purpose of selecting the remedy or discriminating between it and others they are useless.

A few examples will illustrate:

*Constant tickling in throat.*

*Fullness and soreness in throat.*

*Spasmodic contraction of œsophagus.*

*Sensation of dryness in throat with inclination to swallow.*

*Pain in small spot in throat at one side of larynx, somewhat posteriorly.*

*Burning sensation of swelling; dryness in throat.*

To return to the first group. This combination of symptoms is unique. The separate symptoms are found under various medicines, often two or three, and occasionally four occur together, never the whole nine.

From this group of nine symptoms twenty-three or more remedies, my list is not complete, which cover a wide range of disease, must be differentiated.

They are, *Agar.*, *Amyl.-n.*, *Apis.*, *Asaf.*, *Bell.*, *Bry.*, *Cact.*, *Chel.*, *Cocc.*, *Crot.-t.*, *Elaps.*, *Ign.*, *Kali.-bi.*, *Kali.-c.*,

*Lyc.*, *Mosch.*, *Naja.*, *Nat.-m.*, *Nux.-v.*, *Phyt.*, *Sep.*, *Stram.*, *Sul.*

I will speak only of eight; of some of them very briefly, and take them partly alphabetically and partly in groups.

With *Apis* and *Belladonna* there is more soreness or tenderness of the throat which makes touch or pressure intolerable; not the nervous uneasiness from pressure about the neck so characteristic of Lachesis, *Agaracus*, *Amyl.-n.*, *Apis*, *Asafetida*, *Belladonna*, *Bryonia*, *Coctus*, *Chelidonium*, *Cocculus*, *Croton tiglium*, *Elaps.*, *Ignatia*, *Kali.-bi.*, *Kalicarb.*, *Lycopodium*, *Moscha.*, *Naja*, *Natrum-mur.*, *Nux vomica*, *Phylolacca*, *Sepia*, *Stramonium*, *Sulphur*.

Both are predominately worse from swallowing liquids; Lachesis also worse when swallowing saliva.

We may take as a group the **serpent poisons**, of which perhaps *Crotalus horridus* is the most intense (except possibly *Cenchrus contortrix*).

They as a class have certain peculiarities, which are well illustrated under Lachesis, and *Crotalus* comes nearer to Lachesis than any one of the group or any other medicine; so much so that it is no wonder that those who question the reliability of the Lachesis preparations prefer to substitute it for Lachesis. Still, in the provings we have, its symptoms are not identical with those of Lachesis.

It has the sensitiveness to touch and pressure of the clothes; the dysphagia; lump sensation (*globus hystericus*); left sided tendency and the aggravation after sleep, all like Lachesis.

It does not have the aggravation at the beginning of sleep, which is often marked with Lachesis, neither has it developed the other symptoms of the first group—the aggravation lying down, from hot drinks, bending head back (in diphtheria it rather has a desire to throw the head up and back), and pain ex-

tending to the ears. This ought to be sufficient to enable us to decide between them.

We know that *Crotalus* is useful in severer conditions than *Lachesis*, if that be possible, but we cannot say that it is only serviceable then. Milder states and nervous diseases may be helped by it, and then the decision between *Crotalus* and *Lachesis* is likely to be difficult.

*Elaps corallinus* has some of the throat symptoms of *Lachesis*; especially the aggravation from touch, great sensitiveness, and from swallowing liquids and solids, not saliva. Besides this, it has the left sided tendency with the pain extending to the ears on deglutition.

*Naja tripudians* shows even less similarity, though it has an affinity for the left side of the throat.

Diphtheria with symptoms in many ways like *Lachesis*; with extension to the larynx and impending heart paralysis; or threatened paralysis of the heart after diphtheria.

The laryngeal and cardiac involvement being the essential things.

The throat symptoms of *Lycopodium* do not run so close to those of *Lachesis* as we are usually led to think.

The sensitiveness to touch and pressure is very slight, though the throat may be extremely sore inside. The sensitiveness to pressure of the clothes under *Lycopodium* is over the epigastrium and abdomen, not about the neck.

Next the difficulty of swallowing is especially marked for liquids, though there is the constricted sensation present and food and drink may regurgitate through the nose. (Liquids only—*Lachesis*).

There is the sensation of a lump rising up in the throat from below, not particularly affected by swallowing.

The right side of the throat is likely to be first affected with or without ex-

tension to the left side, or the membrane in diphtheria, descends from the nose to the pharynx or from the upper part of the pharynx down the throat.

On waking the patient is cross, terrified or unrefreshed, not suffocated or choking.

The aggravation comes in the late afternoon and early evening, 4 to 8 p. m.

Warm drinks usually relieve, but occasionally there is the opposite state of amelioration by holding cold water in the mouth.

The other symptoms are not present.

With *Nux vomica* many of the symptoms are absent.

External sensitiveness not marked.

Swallowing difficult of saliva, more so of food and still more aggravation after swallowing food.

The sensation of a lump or plug in the throat is present, and the patient is aroused at night with a sense of impending suffocation, exactly as with *Lachesis*.

Perhaps the right side of the throat is more likely to be affected with extension over both tonsils (diphtheria).

There is often aggravation lying down and after sleep—4 a. m. and 4 p. m.

Stitches into the ear when swallowing occur with fetid ulcers in the throat in "nervous cases."

*Phytolacca decandra* is the last remedy of which I wish to speak.

There is some resemblance to *Lachesis*, but with additional symptoms, which are peculiar to *phytolacca*, the distinction is not difficult.

Deglutition: painful, difficult; and with every attempt excruciating pains through the ears; regurgitation through the nostrils; unable to swallow even water; almost impossible, *i. e.*, deglutition, because the throat feels so dry and rough.

Sensation of a lump in the throat, causing a continuous desire to swallow;

like a plug; worse on the left side, when swallowing saliva, or turning the head to the left.

Swallowing saliva especially aggravates; also worse from swallowing warm drinks.

The great pain at the root of the tongue when swallowing; the intense burning in the fauces as from a coal of fire; the dryness, with absence of other symptoms are sufficient to differentiate from Lachesis.

As the proof of the pudding is in the eating, so the evidence that a remedy has been properly selected lies in the relief or cure which follows its exhibition.

I have a number of cases which are *apropos* to this study of Lachesis, but have selected two which illustrate its use in nervous affections of the throat.

Case 1, is that of Mrs. —, who is now 39 years old, short, dark complexioned, in good flesh. She has had three children. About eight years ago, during her last pregnancy, albuminuria developed. Labor was uneventful, but she was much prostrated and gradually drifted into neurasthenia. From this she slowly improved, but has never completely recovered.

She came under my care in April, 1899, complaining of certain nervous trouble of which the most annoying was œsophagral spasm. The spasm was worse from swallowing solids or anything warm, and it was seldom that she went through a meal without it.

Solids went the "wrong way," and she gagged. The condition was always worse during menstruation. She often waked with the choking, and when the attacks were bad could not lie down. There was pain from the throat to the left ear with the spasm.

She received then Lachesis 12x, four doses in water, one night and morning for two days, and placebo.

She gradually improved for ten days, was then worse, and then the remedy was repeated in the same way. Amelioration this time for two weeks and with another repetition still larger, till finally would go four, five or six weeks between accessions, and at last no return unless she becomes over tired, either physically or nervously, which has not occurred for some time.

Case 2, one which ought to yield to Lachesis, is as follows: Mrs. G., 30 years old, tall, quite fleshy, very light complexioned, with light hair. Married twelve years, one child, no miscarriage.

She has had more than her share of severe sickness. Scarlet fever when very young, diphtheria when six years old, and since marriage malarial fever, then cerebro-spinal meningitis, followed various paralyses and, later, nervous prostration. She has numerous discomforts, the worst being the way her throat has troubled her for years.

When first lying down at night a smothering sensation is likely to come on in the throat, and she feels as if she must sit up, but is often able to remain lying in bed. There is no heart complication. At other times the aggravation comes at 4 a. m.—after sleep—with hoarseness and a feeling as if her breath were cut off, and a hot burning sensation in the throat.

At these times she can breathe through the nose but not through the mouth. This is all likely to continue till about 10 o'clock in the forenoon.

Her neck is very sensitive to the slightest pressure of a ribbon or the clothes generally.

Sometimes there is a little pain, stinging in character, in the ears from swallowing.

She has been to me twice, and the report comes that she is somewhat better.

The remedy, if carefully exhibited, ought in time to completely remove the trouble together with many, and perhaps all, of the other discomforts of which she complains.

THE COUGH ON GARLIC—*ALLIUM SATIVUM*.\*

A physician is always expected to know all about drugs. A patient handed me this clipping from a daily paper and wanted to know my opinion of it. When you run across anything like this look it up. This I have for your benefit.

"Garlic is the latest cure for consumption. Dr. Giulio Cavazzani, an Italian physician, has been experimenting in the hospitals of Venice, and is convinced that garlic is a most valuable therapeutic agent in cases of phthisis. It has long been known to sailors who have traded to the malarial coasts of West Africa that garlic, used in liberal quantities, was a preventive of coast fever. Garlic is a most powerful agent for the cleansing of the alimentary canal, which may account for some of its medical virtues.

Dr. Cavazzani gave to his patients garlic cut into small pieces and dried. He had to administer it in fractional doses in order to combat the distaste which most of the patients had for the vegetable. He treated over 200 patients, giving to them, in addition to the garlic, the ordinary symptomatic treatment.

He affirms that an improvement took place in all cases, and was especially marked in those which were in their first stages. The bacilli gradually grew less until they finally disappeared, the cough lessened, and the local physical signs began to disappear. There was a marked improvement in appetite and general condition. It is a little early yet to pronounce upon the doctor's discovery, but he has every faith in it, and it is attracting the attention of the profession."

"Garlic is an old remedy as Celsus and Dioscorides recommended it in *old cough accompanied by dyspnoea, and a profuse expectoration of ropy phlegm*. In accordance with this recommendation it was several times used with success by Mead, Rosenstein and even Murray. Rosenstein relates that by Garlic, he succeeded in stopping a *chronic cough*, with general prostration and excessive emaciation. I am not astonished at this, for 12 years ago, before I was a Homœopath, I cured three similar cases by giving twice a day a

clove of garlic in olive oil."—*Teste Materia Medica*, 1853.

The provings we have of *Allium sativum* were made by Petros and symptoms observed by Teste, who groups it with *Bryonia*, *Lycopodium*, *Nux*, *Digitalis*, *Colocynth* and *Ignatia*. The chest symptoms are worse in the open air, after eating and when stooping.

The cough symptoms are: *Scraping in the larynx* which excites a dry cough without any other symptom; violent and sudden paroxysm of a dry cough while smoking and which obliges him to stop smoking; dry cough after eating; cough which seems to proceed from the stomach; deep cough; cough with fetid breath; cough with painful irritation in the wind pipe. *Difficult expectoration of a glutinous mucus; cough in the morning after going out of his room with profuse expectoration of mucus; almost continual rattling of mucus in the bronchia; expectoration of a thin, yellowish apparently purulent, blood streaked, foul smelling mucus; stitches in one side of the chest; stitches under the shoulder blades and pectoral muscles, increased while coughing and drawing a long breath. This breathing becomes spasmodic when it is attempted several times in succession and it obliges one irresistibly to cough; embarrassed respiration as if the sternum was pressed upon."*

Teste has used it for chronic bronchial catarrh with profuse expectoration without any very acute pains in the chest, especially in fat individuals. In periodical asthma and dyspnoea of long standing, also for persons who eat a good deal more than they drink.

It will be seen that this may be a remedy for chronic bronchitis (bronchitis) and catarrhal phthisis.

\*From a Clinical Lecture by Prof. T. C. Duncan, Chicago.

## THE LIVING WHOLE—AN UNITY.

C. C. GHOSH, M. D., LUCKNOW, INDIA.

EDITOR OF INDIAN HOMCEOPATHICIAN.

Sec. 15. "The affection of the morbidly deranged, spirit-like dynamis (vital force) that animates our body in the invisible interior, and the totality of the outwardly cognizable symptoms produced by it in the organism and representing the existing malady, constitute a whole; they are one and the same. The organism is indeed the material instrument of the life, but it is not conceivable without the animation imparted to it by the instinctively perceiving and regulating vital force (just as the vital force is not conceivable without the organism), consequently the two together constitute a unity, although in thought our mind separates this unity into two distinct conceptions for the sake of facilitating the comprehension of it."

The man—the living whole—is composed of the life and the physical body. The two together form a living whole—a man. The life—the vital force—is that which animates; the physical body is that inert mass of matter—the material instrument of life—which is animated by the vital force. Combined in one as a living whole—as a man—we can conceive them. Separately they both are of no purpose. The one is to be considered in connection with the other. They constitute a whole. When we say "man," we mean a living whole, composed of a life force—the vital force—and a body, and possessed of animation, functions, sensations and activities—all the necessities for harmonious play of life. Everybody can conceive the two separately—the vital force, an immaterial substance, the cause or the center of all actions, functions, animation, etc., and the body—material instrument of life—the substance on which all actions, functions, animation, etc., are displayed. But what are they conceived separately? Taken both together we call them a man. This is the relationship of the two. They constitute a living whole; we are concerned with

this living whole. All this is the natural healthy state of man.

Let us now consider a man in his diseased condition. Does this relationship or sympathy suffer on account of any disease—unnatural condition? What do we mean by diseased condition? The diseased condition is that in which the vital force gets out of order and consequently some changes take place on the living whole; the functions, sensations and animation become disorderly, and what we call a disease is produced. Just as in the natural healthy condition, the relationship of both remains the same in disease also; and it is simply on account of this relationship that the disorder in the vital force is manifested on the material body by means of signs and symptoms, as disease. In diseased condition also the same relationship—their mutual sympathy—is not loosened. Death or destruction only is capable of dissolving this unity.

Hahnemann has urged this sympathetic relationship before this, what then is the spirit of this section? The occasion to put this important question as a section is to establish firmly the point that Hahnemann has formulated in the previous section. Properly speaking these two sections are only a recapitulation of some of the previous ones. We can put these two sections in the following simple form: The man—the living whole—constitutes the vital force (the spirit-like dynamis that animates our body in the invisible interior) and the material body (the material instrument of the life). The former acts, the latter is being acted upon. Both exist in close sympathy. Owing to this sympathy between both the primary disease

attack on the vital force is sympathetically displayed on the material body as the consequence. Consequently the signs and symptoms on the material body—what we call disease—are indicative of the mischief on the immaterial, invisible vital force. Even the slightest disorder of the vital force is very intelligibly and unmistakably displayed on the body. Curable and incurable disorders of the vital force can therefore be easily distinguished by the presence and absence of these intelligible and unmistakable display of signs and symptoms on the body. Consequently, though the vital force and the material organism are two distinct substances and although in thought our mind sep-

arates their unity in two distinct conceptions for the sake of facilitating their comprehension, yet we are to conceive them as one—an unity.

Hahnemann's conclusion is that because of the close sympathy between both of them, a disease, by which we mean simply a dynamic disorder of the vital force, is only to be known by means of signs and symptoms on the organism; these signs and symptoms, for the same reason, are also our guides to distinguish curable and incurable disorders. Obliteration or annihilation of these morbid signs and symptoms from the organism, for the same reason also, means freedom from disease—natural state of vital force.

### THE DIFFERENCE BETWEEN THE ACTION OF HIGH AND LOW POTENCIES.

MAYBELLE M. PARK, M. D., H. M., WAUKESHA, WIS.

All homœopathic practitioners recognize the curative power of low potencies of drugs. The process discovered by Hahnemann by which the dynamic power of a substance is developed and made potent by powerfully mixing a small portion of the drug with a certain amount of an inert material has been proved beyond a doubt to be true. Hahnemann's method was to mix one grain of the drug with ninety nine grains of sugar of milk and triturate one hour; for the second trituration one grain of the first was triturated for an hour with another ninety-nine grains of milk sugar and so on, giving what is called the centesimal scale. The Pharmacopœia now directs that potencies shall be made on the decimal scale using nine instead of ninety-nine grains of sugar of milk.

The limit to which this potentization should be carried out has been a mooted question from the discovery of the law. Hahnemann himself gradually worked higher with the drugs until he used the 30th centesimal almost entirely in his

practice, and in his later writings asks, in answer to the ridicule of giving minute doses of arsenic, "if experience shows him that the thousandth part of a grain is yet too strong a dose what should hinder him from giving the hundred-thousandth part, or the millionth part of a grain? *since in medicine all depends upon observation and experience* \* \* \* Can the subdivision of a substance, be it carried ever so far, bring forth anything else than parts of the whole? Must not these portions reduced in size to the very verge of infinity, still continue to be *something*—something substantial, a part of the whole, be it ever so minute?" Thus we see the trend of his experiments and thoughts at the close of his life. Investigators have taken up the work at this point and by experience have proved the fact of the efficacy and power of the higher potencies.

The questions now arise of the difference in action of the high and low potencies; should one be used to the ex-

clusion of the other; if both are to be used when is it of advantage to use the high and when the low.

As a rule the high potencies act more quickly, more permanently and more gently than the low potencies. In acute diseases a high potency will do in a few hours what it would take the lower days to do. In chronic diseases it will reach states of the vital force not dreamed of by the lower potencies and cure life long sufferers who could not be relieved by any other means.

A high power in chronic cases will act, in curable cases, for two to three months, sometimes longer, while if the low could reach the case at all it would have to be repeated every day or oftener; but the tendency with all physicians is to repeat the remedy too soon. Hahnemann, while using the low potencies, allowed them to act from seven to fourteen days or longer, saying that a well selected homœopathic remedy, uninterrupted in its action, will gradually accomplish all of the curative effect it is capable of producing in a period varying from forty to one hundred days. §§ 246 and 247. The remedy, high or low, should be allowed to act as long as it will produce results and not be repeated so long as there is improvement or until the symptoms begin to return, be it hours, days, weeks, or months, for repetition of the dose breaks in on the cycle of action of the previous dose, disturbs the vital force so that its reaction, in most cases, is anything but beneficial, it does more harm than good and creates general disorder. In the intervals between the doses give unmedicated pellets, powders or solution in water to be repeated as frequently as desired as recommended in Chronic Diseases, p. 129.

In acute cases the violent action of the stomach burns up the remedy more quickly and even the high potency may

have to be repeated every twenty four hours or oftener, depending upon the nature of the remedy employed and the more or less acute course of the disease.

I recall a case of typhoid fever which I carried safely through its course on four doses of *Arsenicum*<sup>103m</sup>. The physician can determine the time of repetition in his more frequent visits, while if the low potency is given every hour or two the drug may have had such an accumulated effect by the time of his next visit as to have entirely confused the case. In a case of very severe inflammation and pain I gave *Belladonna*<sup>2c</sup>; this seemed to control the symptoms for about two hours at a time, so I left the remedy to be continued during the rest of the night. When I called in the morning the nurse said that after a few doses the patient became restless, wakeful, with dry throat and mouth so she discontinued the remedy. Evidently as the inflammation had subsided it did not use up the remedy as quickly as in the early stages; had I given one dose of a higher potency it would have cured and not caused the poisonous effect from accumulation when the vital force began to assert itself and the disease subside. How much worse would it have been had I given the 3rd every few minutes or the 30th?

There are exceptions to the general rule to use high potencies when it will be found of advantage to use low potencies. When a chronic patient under treatment with high antipsoric remedies is attacked by some acute disease it is well to wait to see if the antipsoric will relieve the trouble; if it does not and the acute disturbance threatens danger it is then well to treat it with lower potencies of short acting remedies, for they will not go deep enough to disturb the antipsoric remedy but will be sufficient to cure the acute trouble, and

when the storm has blown over the deeper remedy will be found to be still acting, although it may have to be repeated sooner than it would had it been uninterrupted by the acute attack.

In severe lung troubles, threatening phthisis with bad history or hereditary taint, if the deep antipsorics, such as *Phosphorus*, *Sulphur*, *Silicea*, etc., seem to be undoubtedly indicated it is well, if they are given at all, to begin with low potencies, the action will at first not be as deep and if the case is incurable, if the vital force is too weak to be restored, and the remedy too aggravating, it can be more easily antidoted; while a high potency, in going to the very center of the vital action, might tear it all to pieces in its violent revolutions instead of restoring it to order. This very "Homœopathic similitude will produce an unnecessary surplus of effect upon the over excited vital force, which, in its turn, acts upon the most sensitive portions of the organism, already most seriously affected by the natural disease." §275. Instead of relieving the trouble the patient goes rapidly into a decline and death soon ensues.

In infants and aged people the lower potencies from 1000 to 2<sup>c</sup> are usually preferable to the higher—an indefinable languor or depression, the Homœopathic aggravation is often noticeable in these cases after very high potencies and can be avoided by beginning with the lower and working up to the high as repetition is indicated.

There are some few adults who are so susceptible to potentized drugs that even the 80th will cause a violent aggravation and they must always be treated with still lower powers. This knowledge can only be gained from experience as we learn to know our patients and adapt the potency as well as the remedy to them.

Some claim to be good *Homœopaths*

because they never use anything lower than cm., but that is not a necessarily logical conclusion to be drawn from the single premise. Just as there is a gradual entry from the outside of the sphere to the very interior, from the external to the most central portion of the vital force, so there is a gradual corresponding development of the penetrating power of drugs; the low potencies will reach to a certain degree and relieve the superficial symptoms, the higher powers will reach more deeply and restore other parts of the vital force to order, and when developed still higher the deep, long acting antipsorics, anti-syphilitics and anti-sycotics will reach to the very interior and, if there is vitality enough left in the life force, will root out all the disorders and susceptibilities, leaving a new being—a healthy man. Therefore, in beginning the treatment of a chronic case it is best to begin with the lower potencies, from 1<sup>m</sup> to 10<sup>m</sup> and gradually work up to the higher until there is a thorough regeneration and restoration of the vital force from within outwards in all its degrees.

Everything in the universe has its use, it only depends upon us to learn what that use is. So every power of the drug from tincture to 3000 is useful if we but learn when to employ our tools and mold away at the vital forces entrusted to our care until we model perfect, healthy men and women. But experience proves that, with the exception mentioned, the high potencies will give the *accurate prescriber* more satisfactory results in every particular than will the low. If the physician has no one whose experience and results he will trust he owes it to himself and to his patients to gain the facts for himself, always being guided by the rules Hahnemann laid down in the *Organon* and preserve an unprejudiced mind, a sound understanding and fidelity to purpose.



## Correspondence.

### AMERICAN INSTITUTE ANNOUNCEMENT.

The Executive Committee beg to announce to the members of the Institute and the profession generally the following important notice as to railroad arrangements and the programme of entertainment offered to the Institute and its guests by the citizens of Richfield Springs.

The usual fare and one-third rate for the round trip, on the certificate plan has been granted by all the roads.

Arrangements have also been made whereby all members coming from the western country via Buffalo can stop over at the Pan American Exposition for ten days on any kind or character of ticket, providing said ticket is deposited with joint agent, No. 50 Exchange st., Buffalo, and the payment of \$1.00 made.

For those who come from the eastern country, the New York Central, West Shore & Lackawanna, will make an amicable arrangement that will grant our members a sufficient stop-over at Binghamton or Utica at which points they can procure regular excursion tickets to Buffalo and return. This will allow members from the east to attend the exposition at a very slight additional expense.

Through parlor cars will be run direct to Richfield Springs from both the east and west. The Delaware and Lackawanna Road will put on its summer schedule of trains for the session of the Institute which provides close connections at both Utica and Binghamton.

The Entertainment Committee and the Citizens of Richfield Springs offer the following unusually fine social programme, which has been so arranged as not to interfere with the work of the Institute:

#### SATURDAY, JUNE 15th.

Open Air Concert, Richfield Springs  
Military Band.....8:30 p. m.

#### SUNDAY, JUNE 16th.

Sacred Vocal and Instrumental Concert  
in the Earlington Hotel Parlors...8:30 p. m.

#### MONDAY, JUNE 17th.

Open Air Concert, Richfield Springs  
Military Band.....8:30 p. m.

#### TUESDAY, JUNE 18th.

Open Air Concert, Richfield Springs  
Military Band.....8:30 p. m.  
Grand Ball, Hotel Earlington, tendered  
to the Institute and its guests by  
Messrs. E. M. Earle & Son.....10 p. m.  
Supper.....12 m.

#### WEDNESDAY, JUNE 19th.

Drive over magnificent mountain roads to Lake Otsego, the famous "Glimmerglass" of Fenimore Cooper, sail over the lake to Cooperstown, his home; Luncheon in Cooperstown, drive home to Richfield along the shores of Lake Otsego, reaching Hotel Earlington about 5 p. m.

N. B.—Each day the ladies of the Institute are invited by the citizens of Richland Springs to take this delightful excursion to Cooperstown and return.

Music in the Parlors Hotel Earlington...11 a. m.  
Open Air Concert in Earlington Park...4 p. m.  
Reception at the Waiontha Golf Club, 4 to 6 p. m.  
by the President Mr. T.R. Proctor.  
Progressive Euchre Party, tendered by  
Messrs. Earle & Son in the Earlington parlors.....9:30 p. m.

#### THURSDAY, JUNE 20th.

Drive to Cooperstown and return (same as Wednesday).....10 a. m. to 5 p. m.  
Music in the parlors of Hotel Earlington, 11 a. m.  
Open Air Concert.....4 p. m.  
Musical in parlors of Hotel Earlington, 9:30 p. m.

#### FRIDAY, JUNE 21st.

Drive to Cooperstown and return (same as Wednesday). ....10 a. m. to 5 p. m.  
Music in parlors of Earlington.....11 a. m.  
Open Air Concert.....4 p. m.  
Grand Complimentary Vaudeville Entertainment tendered to the Institute and its guests by the Entertainment Committee and citizens

of Richfield Springs. It will be the endeavor of the Committee in charge of this entertainment to procure in New York City for this performance only the very best available talent and no expense will be spared to make this vaudeville performance one of the highest class.

SATURDAY, JUNE 22d.

Music in Hotel Earlington Parlors.....11 a. m.

At 2 p. m. at the Lake House, on Canadargo Lake, a Clambake tendered by the Entertainment Committee and the citizens of Richfield

Springs. Music by the Richfield Springs Military Band.

The Citizens of Richfield Springs announce it as their purpose to make every member of the Institute pleased with his visit. They do this as an advertisement of their health resort and the Committee feel assured that the session of 1901 will be the most pleasant one in the history of the Institute.

A. B. NORTON, M. D., President.

E. H. PORTER, M. A., M. D., Secretary.

#### INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The opening spring awakens an expectation of our next meeting. The sessions will be held at "The Dufferin" on the Canadian shore of Niagara Falls, June 25th, 26th and 27th, 1901.

Our Association is now twenty-one years old.

Let us show the world that the infant of 1880 has developed into vigorous manhood, pure in practice, stalwart and brave in upholding his principles against all opposition. To secure this result, and to make the report of our proceedings a valuable volume, every member must be willing to contribute something: either an essay upon our philosophy, provings or verifications of remedies, a report of some interesting cases cured, or what is more essential, by his presence at the sessions and readiness to discuss the papers presented. No member can afford to lose the inspiration of

such a meeting. The enthusiasm gained from it will lighten the labors of a whole year.

The hotel rates will be \$1.50 for lodging and breakfast, at the "Lafayette" and 50 cents each for other meals at "The Dufferin" unless served on the balcony, overlooking the falls, at a small additional fee.

The Pan-American Exhibition, at Buffalo, will be in progress, thus making accommodations in great demand through all that neighborhood. You will, therefore, see the necessity of securing rooms at once, which can be done through our Vice President, Dr. D. C. McLaren, 133 Maria st., Ottawa, Canada, who has charge of our entertainment. Come one and all.

ERASTUS E. CASE, M. D., President.

Hartford, Conn., Apr. 17, 1901.

J. B. S. KING, M. D., Secretary.

#### AMERICAN O. O. AND L. SOCIETY.

BROOKLYN, April 17, 1901.

EDITOR OF HAHNEMANNIAN ADVOCATE:

Dear Doctor: At the next meeting of the American Homoeopathic Ophthalmological, Otological and Laryngological Society, which will open its session in the parlors of the Hotel Earlington, Richfield Springs, New York, on Saturday, June 15th, at 2:30 p. m., and have sessions on Monday and Tuesday, June 17th and 18th, it has been arranged

to have Mr. M. R. Hutchison, E. E., exhibit and explain his recently perfected akouphone and akoulalion, mycro-telephonic instruments so constructed as to produce and intensify sounds and still preserve their quality.

This represents probably the greatest advance that has yet been made in adding to the hearing power of those who are incurably deaf, and, as Mr. Hutchison will give an explanatory lecture

when he shows the instruments on Monday evening, June 17th, it has been decided by the Officers of the Society to invite the members of the Institute and all visitors who are interested to attend this session. Those who desire to have friends or patients test the instruments

are requested to bring them to Richfield at this time, and Mr. Hutchinson will be glad to give each an opportunity to test the efficacy of the akouphone.

Fraternally yours,

HERBERT D. SCHENCK, Sec'y.

### AMERICAN HAHNEMANN ASSOCIATION.

We cannot give accurate data regarding the time or place of the coming meeting, but have the program of the Bureau of Homœopathic Philosophy which contains sufficient meat to satisfy the demands of the most carnivorous student. The entire program will be published as soon as received.

#### BUREAU OF HOMŒOPATHIC PHILOSOPHY, 1901.

"The Symptoms and Aspect of Such Cases as Present Unfavorable Views and Cause Unfavorable Prognosis "

J. T. KENT, Chicago, Ill.

"The Study of the Totality of Symptoms: What It Includes; How It Reveals to the Perception What is Undoubtedly Morbid in the Patient; What is to be Cured."

M. M. PARK, Waukesha, Wis.

"The Logical Harmony of the Principles of Homœopathy with All the Other Natural Sciences."

W. L. MORGAN, Baltimore, Md.

"Practical Use of Boenninghausen's *Concordance of Medicaments and Aggravations of Homœopathic Remedies*."

E. CARLETON, New York, N. Y.

"Practical Use of Repertories in Rapidly Ad-

vancing Disease, the So-called Serious Cases."

G. M. COOPER, Philadelphia, Pa.

"Serum-Therapy Considered in the Light of Homœopathy."

S. CLOSE, Brooklyn, N. Y.

"Better Than Morphine—Homœopathic Remedies."

H. BECKER, Toronto, Can.

"Adherents to Precept an Aid in Daily Practice."

S. M. IVES, Middletown, Conn.

"Prompt, Mild and Permanent Cure."

J. C. LOOS, Harrisburg, Pa.

"The Three Parallels—Vital Force, Disease Cause, Curative Influence."

H. A. CAMERON, Philadelphia, Pa.

"The Power of Any Drug Depends on Its Homœopathicity to the Patient."

H. FARRINGTON, Chicago, Ill.

"Homœopathic Care Against Transmission of Contagious Diseases."

F. E. GLADWIN, Philadelphia, Pa.

"The Obstacles to Recovery."

F. W. PATCH, S. Framington, Mass.

"Palliation, Beneficial and Deleterious."

F. S. KEITH, Boston, Mass.

"The Significance of the Mental Symptoms from Homœopathic Standpoint."

H. W. PIERSON, Chicago.

JULIA C. LOOS, Chairman.

### RESOLUTIONS ON THE DEATH OF HENRY M. SMITH, M. D., BY THE HAHNEMANN MONUMENT COMMITTEE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

NEW YORK, April 3d, 1901.

Meeting of the Hahnemann Monument Committee of the American Institute of Homœopathy, held at the residence of Dr. Wm. T. Helmuth, 504 Fifth avenue.

Dr. J. H. McClelland in the chair.

Present Drs. McClelland, J. B. Gregg

Custis and Wm. T. Helmuth, the latter appointed Secretary pro tem.

The President stated that the meeting had been called to consider the death of Dr. Henry M. Smith the Secretary and Treasurer, and to take the necessary legal steps to fill the vacancy occasioned; thereby,

On motion of Dr. Helmuth, Dr. J. B. Gregg Custis of Washington, D. C., was nominated for Secretary and Treasurer of the Committee; carried.

On motion, the following preamble and resolutions were unanimously adopted.

*Whereas*, through the death of Dr. Henry M. Smith this Committee has lost one of its most active and efficient members, and

*Whereas*, through the untiring energy and perseverance of Dr. Smith much of the successful workings of this Committee can be attributed therefore.

*Resolved*, that the Hahnemann Mon-

ument Committee of the American Institute of Homoeopathy has sustained an irreparable loss in the demise of Dr. Smith, and offers this resolution as a tribute to his perseverance and self sacrifice in assisting to secure a lasting monument to the founder of Homoeopathy in the United States of America.

*Resolved* also that a copy of this preamble and resolutions be presented to the American Institute of Homoeopathy at its next meeting in June and to the family of Dr. Smith.

WM. T. HELMUTH, Sec'y pro. tem.

The following is an extract from a letter recently received by Dr. Van E. Freeman, Librarian of Dunham Medical College. Closely following the letter came a liberal consignment of books and the case referred to.

PANA, ILL., March 25, 1901.

Mr. LIBRARIAN—

Dear Sir: I see in the *Hahnemannian Advocate* that you are in want of bricks . . . . . I send you an obstetrical case that belonged to my father's family doctor. It must be about 80 years old. I can remember it over 50 years ago. Dr. Mordecai Massa was an old grey headed man then and he used the instruments to deliver my aunt. The professors can use these instruments to make comparisons when they lecture.

Yours truly,

J. K. EBERLE.

The HAHNEMANNIAN ADVOCATE seems to be a good advertising medium. A

good many bricks (alias books) have come in lately, but we want more, lots more. We want all the old, original, out of date books which you don't want. In a reference library, such books are invaluable in showing the progress of science. The books and case of instruments sent by Dr. Eberle are of the greatest value. Everyone has not so interesting a set, but every doctor has some books that he can spare. Send them in, Doctor.

It might be well to add that nearly 500 volumes, many of great value, have been added to the library in the last three months.

VAN E. FREEMAN, M. D., D. D. S.

Corresponding Librarian, Dunham Medical College.

## Editorial.

### THE OUTLOOK.

The life of an editor is not to be envied. He is the victim of more criticism and less praise than any other mortal under the sun. His resources are over-estimated and his responsibilities belittled. In the minds of his critics, the sum total of his duties is to write his opinions upon various topics with the knowledge that they will be printed as *they are written* without comment or restriction; that he has the power to accept or reject, mutilate or embellish, as his fancy may dictate, every contribution coming under his control; and for compensation lives upon the fat of the land, is feted and feasted, goes where he will and when he will without restraint or expense. In short that he is the Lord High Executioner who passes judgment upon all who may come in his way and executes the same without mercy. There is a wide difference between the real and the ideal, between the editor and the picture painted by the imagination when viewed at a remote distance from the object. Especially is this true when applied to the Editorial despot of a medical journal.

In the great majority of cases the editor of a medical journal is dependent upon the loyalty of his readers to the principles espoused by him and the enthusiasm he is able to incite in other minds for certain lines of investigation. Half-hearted, indifferent expression upon the part of the editor begets the same reception on the part of the reader or would be contributor. Coercion, as a rule, is unprofitable so it resolves itself into the simple proposition that the successful editor must be a natural leader. He must have such a compre-

hensive view of the entire subject that he will be able to inspire a *desire* in the minds of his readers to acquire a similar knowledge of the same subject. He must be able to bring to his assistance a congenial corps of collaborators who are both *able* and *willing* to write as he may direct.

It is the height of folly for an editor to complain through the columns of his magazine of the lack of support he may receive from the profession. The fault is all his own and the wise man will search for the cause from within. He should know his own defects even better than any one else and knowing *where* the element of weakness was to be found should bend every energy to the strengthening of that part.

The ADVOCATE has labored under great disadvantages in the past. It has been handicapped in almost every direction. Its editor has been compelled to be Business Manager and Proof reader. At the same time, circumstances made it seem imperative that a portion of his time be given to college work while as a matter of necessity much time was consumed by the multitude of professional cares. Something had to be neglected. It was impossible for one man to successfully cover so much ground and the editor of this magazine has been even more conscious of his limitations than any of his readers. Efforts have been made, almost without ceasing, for the past six months to find the best solution to the problem and it gives us pleasure to take you into our confidence and let you know the results of our efforts in behalf of the ADVOCATE as an exponent of pure Homœopathy. Co-operating with Dr.

J. T. Kent, a corps of contributors is being formed that will be capable of preparing from month to month the best exposition of the real teaching of Hahnemann that we have ever been able to present to the profession through the columns of the *Hahnemannian Advocate*. The good things in store for the readers of the *ADVOCATE* do not stop here. The business end of the proposition is now in the hands of a competent manager who will look after all financial matters, also push the circulation along with the same aggressive spirit that we hope to give to the editorial management.

Fortunately the *ADVOCATE* is on a good financial basis so that there will be no serious obstacle to success from that source provided the readers respond promptly to the plan already outlined. It has been suggested that we explain the plan referred to so that all our subscribers may have a clear understanding of the situation.

Early in April, the subscription accounts were divided into eight equal parts and so arranged that one section would become due on or before the 15th of each month. Statements were sent to subscribers whose subscriptions were not paid, on or about April 15th notifying them of the plan and indicating the section to which they had been assigned. This ought to give enough money for the expenses of each month and hold enough in reserve for the later months in the year. Another statement will be sent about 30 days before your account will be due according to this plan so you will have abundant opportunity for preparing to meet the statement when rendered. It is to be hoped that there will be no deficiency but that we may all work hand in hand for the most perfect realization of good out of our new lease upon life.

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#### AMERICAN INSTITUTE OF HOMŒOPATHY.

**What will the meeting be?** A very serious state of affairs has been brought about by the action of the Executive Committee. They are accused of laying the foundation for their recent action during the last day of the Institute when there were less than 30 members present by securing authority for defeating the expressed wish of a large portion of the *regular* attendants of the Institute just because their action didn't meet with the approval of the inner circle. This is a serious accusation whether based upon fact or the imaginations of a disappointed contingency, because it implies a desire on the part of a few to establish a strong centralized form of government to which representation must come through delegated authority. To this charge had been added another

which is the legitimate outcome of politics. The Executive Committee are accused of **misrepresentation** and the accusers seek to substantiate their charge with the sworn statements of those in position to *know* whether the *objections* to Niagara Falls were founded upon facts or not. It would be interesting to know just how many of those present at Washington changed their vote from Niagara Falls for Richfield Springs. It would make profitable reading to know what percentage of those voting for Richfield Springs were in actual attendance.

One thing will be accomplished by the discussion that certainly will follow. The homœopathic profession will be made familiar with the important work that the **American Institute of Hom-**

œopathy has done in the past and will be called upon to do in the future.

Personally we believe in that form of government in which great projects may be carried to a successful issue by reason of the retention at the head of departments of those who have earned that right by faithful service; but we want that condition brought about by the consent of the governed and not through intrigue and misrepresentation.

The system of sectional meetings which were inaugurated a few years ago are to be raised to a more dignified position during the coming meeting and under favorable circumstances should show most satisfactory results; because the sessions will be more comprehensive. The examples set by the sections of Ophthalmology and Gynecology have been so successful that other specialists are desirous of adopting the same plan for work.

Is there any danger that the specialist will become so absorbed with work along his special line that the general work of the Institute will be neglected by them and thus fail through lack of interest? Everything points to exactly the opposite condition. The specialist is dependent upon the general practitioner and courts the favor of his more fortunate brother. It is a mistake to assume that the specialist has so encroached upon the domain of the general practitioner that there is nothing left for him but a life of drudgery and disappointment. Nearly every *successful* specialist has been a general practitioner who was willing to work harder *upon every case* coming under his observation than his easy going brother practitioner. The mental faculties were cultivated and in due course of time those faculties which naturally predominated were so developed that he inevitably selected that special line of work for which he was best adapted and success was

the logical sequence. Such a man is independent but the very factors which contributed to his success makes him a willing helper to others, because *he has something to give that will be of value to them*. There are other specialists however who ignored the sure foundation based upon knowledge of disease in general and *commenced* their professional career—while an undergraduate—by selecting that specialty that seemed to offer the most glittering possibilities from a pecuniary standpoint without any regard for *natural* fitness for the work. You can detect him at a glance. He attempts to conceal his ignorance by an assumption of wisdom that is positively painful. He attends the meetings in the small towns and speaks at great length (provided he thinks the coast is clear and there is no danger from exposure), uses large words and displays a vast array of instruments. Occasionally he catches a "sucker," but as a rule, he doesn't rise above his normal level and must resort to the various subterfuges of the quack. He will be of no benefit to the general sessions of the American Institute and is generally absent from the Sectional meetings, because of the danger of getting beyond his depths.

The Sectional meetings should be held *before* the general sessions and then three days should be given to general medicine. There should be two sessions a day of not over two or at the most three hours in length with plenty of opportunities for committee meetings, business sections and entertainments. If the specialists left before the regular sessions it would be because they had nothing of value to offer and greater opportunity would be given those specially interested for imparting that knowledge that would be most appreciated.

For such work as has been outlined in the above a quiet place like Richfield Springs would seem to be an ideal location. The same however might be said of Niagara Falls.

### THE FAMILY DOCTOR AND HIS FUNCTIONS—HE IS THE TEACHER OF PARENTS.

It isn't often we find anything in the daily press which is worth much from a medical standpoint. The following editorial is, we think, an exception:

Dr. Wm. Tod Helmuth, addressing the Hahnemann Society of New York, announces to the world that he has heard the knell of the family doctor ringing quite distinctly.

The family doctor must go, says Dr. Helmuth. The specialist will wipe him out.

It would be just about as sensible to say that the architect must go; that the ironworker, the bricklayer, the carpenter, the mason, threaten the architect's existence.

The family doctor is the architect of the family health. He is the medical, common sense mentor of parents. It is he whose sound advice, sympathy and personal influence make the specialist unnecessary.

If your daughter has hysteria; if your son suffers from acute and chronic dyspepsia; if your baby's stomach will retain no food; if your eyes bother you; if your growing girl has St. Vitus' dance—you may be compelled to call on the nerve specialist, the gastric specialist, the eye specialist, the baby specialist,

and other specialists. But if you have the right kind of a family doctor you may avoid the hysteria, dyspepsia, St. Vitus' dance, troublesome eyes and more troublesome baby.

If human beings possessed common sense nine-tenths of the specialists would vanish. It is the main duty and privilege of the family doctor to inculcate this common sense. He tells the mother what to do with her baby. He teaches the ignorant parents that their children must eat slowly and carefully, and prevents the attack of acute dyspepsia. He perceives the preliminary indications of failing sight in the father or mother and warns them in time to avoid the expensive oculist, and so on.

A good family doctor is like the conductor of an express train, taking the family along safely.

The specialist is more like the wrecking crew that comes along after the smash-up, when it is too late.

If you need a specialist, consult one by all means.

But, better still make him useless, by cultivating and accepting the advice of a really wise family doctor.—*Chicago American*.

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### REPROVING OF THE MATERIA MEDICA.

It gives us pleasure to note that a start has *actually* been made upon a scientific reprovng of our *Materia Medica*. Dr. H. R. Bellows of Boston, has outlined or, what more perfectly represents the true *status*, has elaborated a plan whereby all of the conditions of a comparative test may be preserved.

The result will be watched with great interest by all true students of *Materia*

*Medica* and it is to be hoped that every needed support will be given the committee in charge and that the result shall be so satisfactory that every city possessing the necessary equipment will follow in their footsteps. We have urged the necessity for such action in the past and rejoice over the fact that others have accepted the opportunity.



## EDITOR'S TABLE.

Dr. Henry H. Colburn is now located in Pawnee City, Neb.

Dr. H. M. Robertson, of Detroit, is now located in the heart of the fruit district.

Dr. C. J. Vredenberg has moved from Chino, California, to South Bakersfield of the same state.

Dr. Wm. O. Forbes, of Chicago, has been appointed a member of the Illinois State Board of Health.

Dr. W. B. Gordon is now located at 1194 Market st., San Francisco. He was former partner with Dr. Winckfield in Oakland.

Dr. C. E. Fisher has moved again. His migratory steps have finally landed him amid old and familiar scenes in the interesting old city of San Antonio.

Dr. A. M. Linn, of Des Moines is one of the most aggressive members of the Homœopathic school in Iowa. His recent appointment on the State Board of Health is a worthy recognition of a good man.

Dr. E. Petrie Hoyle has returned from his old home in England and is now located at 506 Sutter st., San Francisco. The doctor graduated a little over a year ago and is now a valued member of the faculty.

The *Medical Century* is authority for the statement that Dean T. Smith formerly of Jackson, Mich., moved to Ann Arbor and has been elected Professor of Surgery in the Homœopathic Department. This is the first resident surgeon the college has had for a number of years.

We learn from the *Galveston News*, that the new Medical Law for Texas does not go into effect for one year owing to a slight omission in the enacting clause, but subsequent legislation may correct this

error and thereby enable the Governor to make his appointment in accord with the intent of the legislators. It will be noted that this law recognizes a license issued by a state governed by similar requirements.

It is a conundrum how so busy a man as Prof. R. S. Copeland of the University of Michigan can find the time to attend to the responsible duties of Mayor for the city of Ann Arbor. In the olden days, a college professor in the Mayor's chair would have complicated matters somewhat during one of those periodical "rushes" at the post office.

Wisconsin is following in the wake of Kansas, and there will be a joint session of the three schools of practice in Waukesha. There are some excellent men and women in the state, but their number need strengthening and through the working of the new law there ought to be a large addition to their ranks.

We are indebted to *The New England Gazette* for the following obituary of Dr. W. D. Anderson.

Dr. Wm. Dexter Anderson, New Haven, Conn., died in March, 1901, at Grace Hospital, after operation for intestinal obstruction.

Dr. Anderson was born in Londonderry, N. H., in 1841. When he was very young his parents removed to Boston. Here his father became a prosperous merchant. In 1858, Mr. Anderson, then in his 17th year, entered Yale College as a student in the academic department. He was very successful at his studies and an unusually popular man, receiving an election to Scroll and Keys in May of his junior year. He graduated in 1862, then spent three years in the medical school, from which he graduated with a high standing in 1865.

For a time after graduating he practiced with Dr. Paul C. Skiff, but after the death of Dr. Arthur Foote, which occurred about the year 1869, Dr. Anderson purchased his home and practice.

Dr. Anderson joined the Connecticut Homœopathic Medical Society in 1869, and was its president in 1879 and 1880.

It seems amusing, one exposed to the beautiful climate of the Great Lake region, to read of a physician being compelled to leave the *rigorous* climate of Oakland and seek the milder climate of Grass Valley. California is a great state and has about as great a diversity of climate as can be boasted of by any other state in the Union.

Chicago Homœopathic College has thrown down the bars after persistent fight to the contrary, and in the future will train in the ranks with the other co educational schools. This is a move in the right direction, but there must be a radical renovation of their college building before it will offer suitable accommodations for ladies.

Hahnemann College of Chicago has adopted the "continuous" session beginning with May 1st, 1901. There will be three terms of fifteen weeks each and any two terms will constitute a collegiate year.

There are many things to commend in such a movement—continuous clinics and hospital service, but at the same time there are many draw-backs when the faculty gives its services without other compensation than the knowledge that their services are accepted as a matter of course by those who should realize that no institution of learning could exist upon the fees paid by the students alone.

The twentieth semi-annual meeting of the Northern Indiana Society will be held at its usual place of meeting, Elkhart, April 23d. The following are chairmen of the respective bureaux: Surgery, M. K. Kreider, Goshen; Ophthalmology, W. B. Kreider, Goshen; Materia Medica, J. M. Byler, Elkhart; Practice, W. A. Whippy, Goshen; Gynecology and Obstetrics, Peter Turner, Elkhart; Pediatrics, Julia D. Godfrey, South Bend. This being the time for

election of officers, a full attendance is expected.

The *Century* contains the startling news item that

"Two sons of the late Dr. E. A. Farrington of Philadelphia, are in attendance at Hering Medical College of Chicago."

One of the aforesaid sons is Prof. of Materia Medica in Dunham Medical College having come with the Post-Graduate School of Philadelphia and the second son is demonstrating the value of heredity plus good environment as first year man, and at the same time acting as assistant librarian in the same college. The same conscientious, methodical habits characterize his work that served to give prominence to his father's teaching.

A very interesting address was delivered by Prof. W. A. Dewey, of Ann Arbor, in the amphitheater of Hahnemann College of Chicago, on the evening of February 28th. His subject was the Teaching and Study of the Homœopathic Materia Medica. It was a stormy night, but a large audience was drawn from their homes by the reputation of the speaker. There was nothing new or startling in the address, but the relative merits of the different methods adopted by various teachers of materia medica were brought out and the conclusion showed that the teacher of materia medica should be the most versatile man upon the faculty, and should be able by virtue of his inherent power to make his department the most attractive, because the most important in the whole curriculum. Every department in the college should seek to instil this idea into the minds of every student when the old time enthusiasm will be revived and no apologies will be made for Homœopathy by its so-called adherents.

## Miscellany.

**Organize Anti-vaccination League.**—Fifty students of the Northwestern academy, under the leadership of J. F. Walsh, have organized an anti-vaccination society, and say they defy Principal Herbert Fisk to carry out his plan of enforcing vaccination upon them.

**Consanguineous Marriages.**—"There is nothing likely to be prejudicial to offspring in a consanguineous marriage *per se*, but if there be in the family any definite tendency to such diseases such as tuberculosis, cancer or insanity, there is a risk that it may be intensified. On the other hand, if the family has a good life history, then there may be greater security in such a marriage than in one with a stranger whose antecedents may probably be less wellknown."—HUTCHINSON.

**Many Doctors are Barred.**—Michigan Registration Board votes licenses to almost 2,000 and denies claims of over 200. The State Board of Medical Registration concluded its sessions today, after voting licenses to almost 2,000 applicants who come within the rules laid down in the Attorney General's opinion. Licenses were denied between 200 and 300 so-called graduates of colleges, who have been practicing in this state for some time, having registered under the law which was repealed last winter, and these will have to either leave the state or pass an examination before the board if they wish to continue in practice. A large number of applicants has not yet been acted upon, for the reason that some of them are incomplete, while others are based on diplomas from colleges which the board desires to investigate further. Physicians have until March 23 to apply for licenses by virtue of their registration under the old law.

**Arsenic Not an Element.**—A French chemist, Professor Fittler, claims to have conclusively demonstrated that arsenic is not an element, but an oxygen-nitrogen compound of *Phosphorus*, having the composition of  $\text{PN}_2\text{O}$ . The black substance resulting from the action of gaseous ammonia upon *Phosphorus* in the melted state or in the presence of light is arsenic (shown by Flueckiger, 1892) and is erroneously considered an allotropic form of *Phosphorus*. Flueckiger considered this formation as only apparent, and explained the presence of arsenic in this way: Arsenic is present in *Phosphorus* in a dissolved state, so that in the treatment with ammonia phosphoretted hydrogen being formed, there is found in the residue arsenic in the form of so-called "black phosphorus." Fittler maintains that this explanation holds good if there is only a small quantity of arsenic produced and if it occurs with white and not with the red variety of *Phosphorus*, but he claims the reverse to be true. This is another indication favoring the idea held by some of the best chemists that all matter is composed one primordial element and that substances which are now considered elements are derivatives of the fundamental element differing only in the arrangement of atoms and molecules.

Tichborne has made an extensive study of sodium phosphate and states that it is difficult to find a sample of the substance not contaminated to a considerable degree with arsenic. Is it not possible that in the manufacture of the phosphate some of the phosphorus is in some way transformed into the arsenic?

### **Permanganate Treatment of Opium and Morphine Poisoning.**—

Dr. Moor, the originator of this treatment, in his monograph on the subject, notes the following points regarding the administration of the treatment: One grain of potassium permanganate dissolved in one ounce of water should be given, by the mouth, for each grain of morphin, for each ten grains of opium or each dram of laudanum. If the quantity of poison cannot be ascertained, 8 or 10 grains of the antidote should be given at once, and this dose repeated once or twice at intervals of 30 minutes. A weak permanganate solution, about 1 grain to a tumblerful or half-tumblerful of water, should be administered every 30 minutes during the entire stage of opium narcosis, and even for some time afterwards at intervals of 1 hour. One grain of permanganate dissolved in 1 teaspoonful of water should be injected hypodermically every 30 minutes, with simultaneous gentle massage near the site of injection.

**Osteopaths Gain a Point.**—An important amendment in the nature of a compromise was offered in committee to the medical license bill in the Wisconsin Senate on February 26th. The old school doctors who are pushing the bill offered to compromise with the osteopaths by inserting a provision that osteopaths may be licensed to practice their system of treating disease, provided they do not write prescriptions or perform surgical operations. This offer materially changes the original bill, which required all osteopaths to pass the regular medical examination for a regular physician's license before they could treat disease. As the osteopaths do not believe in medicine,

it was considered a hardship to require them to take the examination in medicine, and they proposed to fight the bill. The opposition bill, recognizing the profession of osteopathy and creating a state board of osteopathist examiners passed the Senate today, and this fact had an influence in securing the offer of a compromise.

### **Good Library and Label Paste.**—

The following comes highly recommended: Tragacanth powder, 2 parts; dextrin white, 1 part; wheat flour, 6 parts; glycerin, 1 part; water, cold, 4 parts; water, boiling, 40 parts.

Over the tragacanth pour 16 parts of boiling water, stir well and set aside. Mix the wheat flour and the dextrin with the cold water, stir in well, and then add the mixture to the tragacanth. Pour into the batter thus formed the rest of the boiling water (24 parts), stirring constantly while doing so. Rub up in the glycerin about one-fourth of a part of salicylic acid (sufficient, at least, to constitute one-half of one per cent of the whole batch of the paste), add to the batter, put the whole over the fire, bring to a boil, under constant stirring, and let cook for five or six minutes. Let cool and paste is ready. The paste thus formed is white, inodorous (or of a faint, pleasant odor), keeps well and is said to be a wonderful sticker where paper alone is concerned.

The addition of 2 parts of gum arabic and 3 additional parts of glycerin to the formula converts the product into an unequalled label paste for use on glass. The substitution of glue or gelatin for gum arabic, and the further addition of 8 parts of sugar, makes an all around paste, good for use on wood, metal, etc.  
—*Western Druggist.*

## Book Reviews.

**The Psychic and Psychism** by A. C. Halphide, A. B., M. D., B. D., etc., author of *Mind and Body. The Quest of an Ideal* etc. Published by the author 3217 Wabash ave., Chicago, pp. 228. Price \$1.00 net.

In the past, every contribution to the subject of psychic phenomena has been clothed in the garb of the mystic and consequently remained a "dead letter" to all except the initiated. Like "*Mind and Body*," the author has studied to meet the demands of a large and constantly growing class of investigators by furnishing a simple and at the same time comprehensive exposition of the true element of psychism. The work is divided into twelve parts or chapters.

Space will not permit an exhaustive study of the valuable features of this book, but an outline of the subjects treated will not come amiss: Psychism—The Psychic—Psychic Development—Suggestion—The Rationale of Psychopathy—Telepathy Clairvoyance—Psychometry—Sleep and Dreams—Somnambulism and Trances—Spiritism—The Future of Psychism.

**Characteristics of the Homœopathic Materia Medica**, by M. E. Douglass, M. D., Baltimore, Md. Published by Boericke & Runyon Co., New York City, pp. 974. Cloth, \$5.00; Half Morocco, \$6.00.

The readers of the *ADVOCATE* have had abundant opportunity in the past for reading and judging of the qualifications of this man as a compiler and close observer. One of the most indefatigable workers in the profession and at the same time very systematic in his work, he has collected a supply of material that can be utilized in many ways. A careful study of his "characteristics" reveals, in many ways, the sources of his information and thereby confirms our statement of general fidelity to the conclusions reached by others. The

language is explicit and concise and we get an accurate picture of the action of most of the well proven remedies.

It is to be noted that clinical verifications are given periodically the same value of symptoms obtained from provings, but we could expect nothing else from a work of such condensation.

Many new remedies are included in the list so that we have the best characteristics known of nearly 800 remedies in this one book. In addition to this *over 30 pages are devoted to a Therapeutic Index* that greatly enhances the value of the book to the student of medicine.

To sum up the matter, this new addition to our *Materia Medica* seems to *combine all the virtues of Hering's condensed, Cowperthwaite, Lippe and Guernsey's Key Notes and to possess attractions that belong solely to the author.* The book will commend itself to the student.

**Diseases of the Heart** by A. L. Blackwood, M. D., published by Halsey Bros. & Co., Chicago.

Whenever a book written by a Homœopathic physician comes to our table for review, we feel impelled to give it closer inspection than would be given a book that would appeal to but a limited class of our readers.

The paper and presswork is good, but two or three suggestions might be acted upon with profit in future editions of this work or in a subsequent work. It is restful to the mind to have prominent ideas indicated by a change of the face of type, whereby the eye can take in the ideas contained upon a page of printed matter and prepare the mind for that which is to be studied. We would therefore suggest a more liberal use of bold face and *italics* through-

out the book, but especially in the consideration of therapeutic agents.

Another suggestion is the adoption of uniform rule for the abbreviation of scientific terms, or the avoidance of all forms of abbreviation. Method in this particular is sadly neglected in our medical literature, because each magazine is the combined efforts of many contributors and the editor is usually too busy to pass upon more than the subject matter, but in a scientific work having the pretention of a book under the direction of a single contributor, these little things become, in the aggregate, enough to make or mar a valuable work.

Now with reference to the subject matter we have nothing but commendation. Every subdivision is considered under the following headings: *Etiology; Pathology; Symptoms; Diagnosis; Prognosis; Treatment*. The treatment includes everything that will be of benefit and is to be commended because of its loyalty to homœopathy. The finer differentiating points in the remedies are very nicely brought out and to the degree in which we have compared the indication found in the pathogenesis of the different drugs with the therapeutic indications in this book, the same have been found reliable.

**Medical Delusions**, by Thomas Morgan. Published by Englewood Printing Co., Chicago. pp. 108. Price 25c.

This is a radical denouncement of the claims for vaccination as a preventative of small pox, also deals with the principles of inoculation and serum therapy. The author has been one of the aggressive fighters of *compulsory* vaccination and while he indulges in some speculations is content in the main to present facts in such a manner as to carry weight with them. The book is worthy of your consideration, even though you may not accept every conclusion drawn.

**Stringtown on the Pike.**—A Tale of Northernmost Kentucky. By John Uri Lloyd, author of "Etidorhpa." With illustrations. New York: Dodd, Mead & Co., 1900.

There is much of special interest to physicians in this little volume. The story is strong in plot and characters, at times reminding the reader of the vivid picturesqueness of Sir Walter Scott's descriptions. A qualified critic refers to it as not only the strongest but best balanced historic novel of the century. Physicians will naturally be attracted by the weird vein of mysticism that runs through the entire story, but finding its culmination in the African ordeal test in Chapters XXXIX and XL. The trial of Red Head and the narrative in which he tells of the feud is as fine a bit of descriptive writing as may be found in any language. The historic character of the book adds greatly to its value. The tragic feuds of Kentucky will pass away with the present generation, just as the struggles of the clans of Scotland have entirely disappeared, but the latter will ever live through their immortalization by Sir Walter Scott. As much may be said of the former by John Uri Lloyd. —*Cincinnati Lancet-Clinic*, Nov. 17, 1900.

**International Clinics.**—Edited by W. Cattell and published by J. B. Lippincott Company of Philadelphia.

Volume IV of the tenth series of these admirable clinics is before us and seems to surpass the others in some respects, perhaps because we are interested in many of the subjects treated.

Excellent monographs upon "Massage in Raynaud's Disease" (Symmetrical Gangrene) by Douglas Graham; "Recent Advances in Diagnosis," by James J. Walsh; "Observations on the Phlebitis of Advanced Phthisis," by Roland G. Curtin; "Progressive Muscular Atrophy," by Charcot, and "Etiology and Morbid Anatomy of Various Morbid Diseases," by the Editor in Chief, Henry W. Cattell.

The editor has the assistance of Drs. Murphy, of Chicago; Woods, of Philadelphia; Ballantyne, of Edinburgh; Harold, of London, and Landolt, of Paris, which insures the best thought upon the subjects treated.

# The Hahnemannian Advocate

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No. 5

## VALEDICTORY ADDRESS—CLASS OF 1901—DUNHAM MEDICAL COLLEGE.

THERESA KLINE JENNINGS, M. D.

On every side we behold beauty and excellence held in the balance of things. Nothing is detached, nothing stands alone, naught can be lost. "The evolutionary robe is a seamless vesture from bottom to top, from protoplasm to archangel." An endless caravan is traveling on the King's highway and though forms disappear, shapes dissolve and things are said to die, yet the unseen life which dominated each, resumes its march in ever sweeter and more noble configurations.

Every particle of sensuous matter rests upon its spiritual base—crystal or clod, grass blade or gaily painted butterfly, go up or down the scale of life as we may, each and all are but the *visible* records of the *invisible*, and all nature and all life are but one. The distinctions of inorganic and organic life are no longer finely drawn. There is not a thoroughly inanimate thing in all the Universe. We commonly speak of a stone as dead, but the same force which built up that stone, atom upon atom, will in its disintegration take it to pieces again and systematically build it up into other forms. Decomposition is a proof of an all-pervading, ever working life force, otherwise, the stone would remain unchanged through all eternity. Different forms of matter are really different modes of energy, each having its

peculiar vibration. Heat, light, sound, electricity, gases, liquids, solids, all are but different rates of vibration, and as such, affect differently the senses. Spencer, Huxley, Le Conte, and others, have made energy, conservation and the capability of the infinite subdivision of matter common subjects for the scientific student of this generation; but Samuel Hahnemann's school of medicine for one hundred years has taught these more subtle forms of Chemistry—a deeper law before unpenetrated—that through the attenuation and succession of the drug, a higher vibratory power is engendered through its increased potency. Now, everywhere, in the scientific world, the infinitesimal rules today, be it Chemistry, Histology, Microscopy, or what not, and the mensurative faculty is fallen from its high estate.

But it is of the first principle of Homœopathy, in its application of like to like, that I would particularly speak this afternoon. Never a bit of truth so irregular, but could be found, if one were wise enough, its kinship with all truth. Homœopathy, the law of Similars, is a truth whose value has been abundantly proved at the bedside. Its opponents have urged against it that it cannot be a truth, a veritable law—because it has no analogies. Its friends

have oftentimes sought its origin in the clouds. But if we will but look around with eyes that see, its corresponding truths lie everywhere about us. Though the exact counterpart of a law in one department of science is never found in another department, for though the underlying truths remain the same, the conditions of its expression never vary.

The law of *Similaris* is the law of *Sympathy*. All that is lasting in philosophy, science, ethics, religion is founded on this basis. That like begets like and antagonism begets antagonism, is becoming dimly comprehended as a truth almost terrible in its far-reaching significance. Any trained instructor in educational methods will frankly admit that all that is most helpful and beautiful in his work is founded on constructive methods, and destructive criticism plays but a minor part. The schoolroom of today no longer boasts of the birch rod as its principle adjuvant, but radiates an atmosphere of kindness, goodwill and sympathetic helpfulness. The Illinois Superintendent of Public Instruction, recently, in speaking of a teacher remarked: "I would pay that woman the highest salary if she never heard a recitation. She is worth it for the influence of her personality on her pupils. She is the most gracious spirit I ever saw in a school room, and her mere presence is of incalculable value."

The mother in the home is beginning to recognize the fact that "call one a thief and he will steal," and the word 'bad' bids fair to become obliterated from the maternal vocabulary. When the *Homœopathic* spirit of guidance prevails in the training of children, the mischievous youngster no longer hears how wicked it is to be bad, but how sweet it is to be good.

Experimental philosophers have long known that two sounds, if exactly similar, will produce absolute silence

where their waves meet. But it was left for Hahnemann to discover the application of this law to the practice of medicine. Not the least wonderful of the revolutions brought about by him was the radical change effected in the treatment of the insane. The maniac was no longer shackled, beaten, repressed. The greatest living exponent of *Homœopathy* today will not permit a patient under his charge, who is temporarily or permanently deranged, to be nursed by anyone who cannot feign to feel as great a corresponding affliction or grief; thus opening up a sympathetic communion between the two, resulting in restored order and harmony to the disturbed mind. Patience, sympathy, love, intelligently manifested in accordance with the *similia* principle, will find a response in many of these cases, apparently hopeless.

When the thunders of Sinai's "shalt not" were replaced by the gentle "thou shalt love thy neighbor as thyself" a new era had dawned for the people of a certain religious faith, but the dawn has been protracted, and we are yet far from the mid-day. The dialects of the religious world change slowly, and strife and contest linger long in its vocabulary. Yet here, too, the great *homœopathic* spiritual physician, *Sympathy*, is diagnosing anew the soul hunger of humanity, and healing is in its touch. A true religious loyalty remains forever implanted in man's heart, and before any real manifestation of the Divine, his knee has ever bent in reverent homage. Blindly and unweariedly, alone and unaided, he has been working toward the Good. But science and religion have now joined hand, and a freer, nobler, truer conception of God has been born of the union, and though afar off, man's life begins to be divine. "The golden age which



a blind tradition has hitherto placed in the past, is now seen before us." Optimism declares that God is good, the universe planned for good,

"Know even hate is but a mask of love—

Sees a good in evil, and a hope in ill success"—

No longer a feeble unit in the middle of threatening infinitude, his faith is quickened to believe that his wonderful journey begins in God and ends in God. And thus we might go on indefinitely to apply the principle of *similia similibus*; for it not only operates every material substance, but it is the cause of the co-operation of all things. It is the power that makes for unity, and by it the very Universe is kept in order. It is the attraction that draws the atoms together and holds the worlds in their orbits. The pull of the magnet, the affinity of chemicals, the gravitation of planets are only modes of its motion. The love of man for woman, of brother for kin, of citizen for the state, of soul for God are but different phases of expression of this universal, centripetal power.

#### **Trustees and Faculty.**

This afternoon it is my pleasant duty as representative of the class of nineteen hundred and one, to extend words of hearty appreciation and thanks to you, gentlemen of the Faculty of Dunham. You are most uniformly kind and courteous to us, even at times when to relieve the tension of tired nerve and brain we have indulged in sundry antics and diversions, provoking enough to have aroused the ire of all the saints in the calendar. It comes to us now with a pang, that we have sat under you for the last time, that the pleasant relation of teacher and pupil must be severed; but we want you to feel that we do appreciate your untiring

efforts in our behalf, and that our regard and love for you have been far greater than our sometimes careless actions might have led you to infer. We believe that it is due to your influence, individually and collectively, that Dunham today stands for pure Homœopathy—the only scientific school of medicine yet given to man;—that it stands as the first in its dealings to women of any co-educational medical institution in the world; where they really believe with our beloved Doctor Hudson that

"Woman is man's equal! She would only be

His equal!—Nothing more! And less

Would sink her into nothingness."

Then, too, to our Business Manager, Mr. Seaton, we would also pay a sincere tribute. Going in and out among us daily, not a student but has felt the influence of his personal contact, and through it been made stronger and better. We feel it is largely due to his influence that there breathes out the beautiful spirit which has made an atmosphere of home and social refinement, of sweet and generous comradeship between men and women so characteristic of our school.

To you all, we now say a fond farewell, trusting that the bonds born of long association, so pleasant in the past, shall not be severed entirely as we now reluctantly leave our College Home.

#### **Alma Mater.**

There is a peculiar charm about college life, as those who have once tasted it can testify. A little democracy shut off by itself, where the conventionalities of the outside world press very lightly, and the men and women are but boys and girls again. It is a pleasant world, this college world, full of jolly good-

fellowship, of strong, helpful friendships, of earnest, united endeavor, and of hard-earned success. A world where success is viewed without envy, for a schoolmate's honor is our honor, his triumphs our triumphs, and the good of one, the good of all. There is always a touch of the human about things we have loved for a long time, and so the ties of association that linger about the very walls and corridors of our Alma Mater make it seem, not a composite mass of brick and mortar, but a living, breathing being, whose hands rest upon us in loving benediction as we go out from her, and whose influence shall be felt to the end of our days. Whatever of added glory the years are sure to bring, may come to her, shall be ever viewed with loyal appreciation and pride by us sons and daughters of Dunham.

We leave her in good hands, the valiant Juniors, "God bless 'em!" Perhaps, along with the rest of the school, for a few weeks past, we have been in doubt whether these final examinations would see them entering the Senior class, or departing as full fledged graduates, their conversation leaving one somewhat in the position as told by the famous old rhyme where

"His Majesty wires in and wires out,

Leaving the spectators still in doubt  
Whether the snake that made the track  
Was going out, or coming back."

But let by-gones be by-gones. We have forgiven their trespasses, as we hope they forgive ours. May they, and all the under classes, realize more keenly that the prosperity of their Alma Mater rests as much upon the strength of their devotion to her, *to the true College spirit*, as upon the wit and wisdom of the individual members and classes.

"Now this is the law of the jungle,—as old and true as the sky,

And the wolf that shall keep it may prosper, but the wolf that breaks it must die.

As the creeper that girdles the tree-trunk  
the law runneth forward and back,  
For the strength of the Pack is the  
Wolf, and the strength of the  
Wolf is the Pack."

#### Class.

My classmates, it is not literally true, of course, but, somehow, standing as we do upon the very threshold of a new century—with its whispered promises of greater glories and more marvelous transformations; fraught as it is, with an hundred fold greater potency in the making of destiny than any century that has preceded it, we have a feeling, as as if it were given to us today to turn over a clean sheet and begin life anew. It is good to feel with Carlisle that the "present is not needlessly trammelled with the past, but only grows out of it like a tree whose roots are not inter-tangled with its branches, but rest peaceably beneath the ground."

The doors of student and college life, with its more sheltered, care-free atmosphere, have closed gently upon us. but the work-a-day world now holds out its welcoming hands. Steadily and quietly, hopefully and naturally, may we each find his place in its ranks. There has been an unwritten law in medical schools in days gone by that Seniors must cultivate dignity and beards, the former to assume triple proportions as the profession was entered. Because they have heard dignity extolled to the skies, many have cultivated it at the expense of repressing all that was spontaneous and frank in the nature. Yet only by being natural can the full stamp of the individualistic life be attained; otherwise it is but a weak, composite picture of the stronger nature surrounding it. Only those who are afraid to be

natural, the imitators and copyists, are commonplace. Every life is unique and was meant to express its purpose in its own original way. Let us not bow down, then, before this tradition of medical ethics, but be our own natural selves, and we shall be loved by children and the wise and good. The cheerful, happy physician with scientific remedies at his command is too much the master of disease to need to assume anything. Success is the spirit in which you work. Do you work as well as you can and be kind. Surely there will be no room in the heart for jealousy toward our co-laborers—to our shame be it said the most common canker on professional life—if we but remember with the great souled prophet of modern times that “Nature arms each man with some faculty which enables him to do easily some feat impossible to any other.” In all the universe of God there are no two souls with the same work to do. I can do what my neighbor cannot do. His good is not my good. There are no two whose gifts are rivals, whose talents conflict or interfere. Ostensibly we leave the ranks of student life today, and it is often said of the physician “He knows nothing save his medicine;” yet not only is this not necessarily true, but the very opposite ought to be undeniably true. What opportunity in the

world so great for the studying out of a broad and noble philosophy of life as for the homœopathic physician, who in his researches on the dynamic vital force “stands before the secret of the world; where being passes into appearance, and unity into variety.” It is possible while loving best our chosen work to keep all avenues of nature open, and so stimulate new brain centers of interest and power—power to work, power to love, power to live. To know the whole range of experience, the entire gamut of emotions; to live life in its manifoldness, in thought and deed, feeling and action, poetry and practice.

Many more words of counsel we might take together, fellow class-mates, yet time hastens, and now once more, as so often in the journey of life, has come the parting of ways. Perhaps it is best that no closing words should be entered of farewell and goodbye to sadden our last time together, but, friends one and all, join me in

Filling a bright cup with the hopes that  
have gushed  
From the fruit of our four years' work  
—time and rush:  
Dunham's True Knights of healing! may  
the world hold them dear!—  
Love bless them, Joy crown them, God  
speed their career!

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#### FACULTY ADDRESS, DUNHAM MEDICAL COLLEGE.

PROF. G. E. DIENST, PH. D., M. D.

We stand today, not only on the verge of a new century, but on the verge of almost infinite possibilities. We are moving at a pace unequalled in the world's history. One day of the present century is fraught with achievements surpassing the combined efforts of a thousand years in the remote past. We have reached that pinnacle of time from whence we look back upon the marvel-

ous development of the past and into the hidden future with a sense of fear that our imaginations will fall far short of what may be discovered or accomplished by human genius. The old adage that “What has been will be again” leads us to indulge our fancies in what may prove fruitless efforts in “air-castle” building, and yet we do no more than our noble ancestors did.

To be logical, and to lay a foundation for the speculations in which we hope to indulge for a few moments—while noting the possibilities of the twentieth century physician—let us observe briefly the work of the past century.

One hundred years ago Europe boasted of her empires, her kingdoms, her armies, her cathedrals, her aristocracy and deplored the poverty of her peasantry. She has little more to boast of today save that which she has borrowed from one of her daughters.

Asia, with her vast empires, her simple life, her magnificent temples, her gorgeous idols, her system of feudal laws, is just awakening from the slumbers of multiplied centuries and stands aghast at the mighty tides of progress that dash upon her social, commercial, philosophical and legal shores. The problem of her future taxes to the utmost the combined intelligence of the civilized world. Into Africa's darkness light is shining, not wholly from the mouths of British cannon, but from the noble lives of liberty-loving Americans. The isles of the sea, once barbarous, savage, cannibalistic, exclusive, endowed with wonderful gifts of nature, but of no value to the scientific or commercial world, are being civilized and opened for wonderful achievements during the coming century; and their vegetable and mineral products are now enriching and will continue to enrich the literature and coffers of the world. Indeed, it may be truthfully said that "the desert is blossoming as the rose."

The wooden vessels with sails unfurled, traversing unknown seas in search of wealth and new homes, are being replaced by the powerful ships of steel bringing nations, once so far apart, into communication of but a few days. The luscious fruits of the tropics, once unknown in temperate climes, now adorn, not only the festal board of college

banquets, but grace the humble meal of the peasant.

The prairie schooner and the stage coach, convenient as they were in their day, are known only in history, and their places supplied by palace cars and the fast mail trains. The old tallow candles—precious old candle that furnished the light for our mothers while they patched the torn trousers or darned the ruptured stocking—have long since been replaced by the gas or incandescent light. And strange, but true, news that required three months for transit from London to Chicago is now published in our morning papers before it occurs—as to time—in London. Marvelous has been the work of man!

While we cannot boast of much greater lung power than our forefathers who found it difficult to call up neighbor Jones who lived just across the old clearing, the fact remains that we can call up neighbor Jones from Chicago to New York, and it is only a question of time when the titled sons of Europe will call up the pretty heiress of America and make all arrangements for the future without patronizing the international postal routes. Not only this, we fear the twentieth century matron will, with wireless telephony, prompt the absent minded Pater Familias who may be away down town, with things he should by no means forget. The sad feature of such an innovation would be the fact that he could not take this means of chastisement with him as the good old German did his boot-jack; for he seemed triumphant while unpacking his grip at a country inn and finding this precious article when he said: "Shentlemen, dis is die boot-jack vot my vrau vallops me mit ven I vas at home, so I took it mit me so she couldn't vallop me mit it ven I vas gone."

Think of the wonderful achievements made in household utensils, mercantile

appliances, commercial devices to explain which would require a library of huge volumes; and yet we are only at the beginning of wonders. Let us not tarry here. There is another realm in which we are interested, one in which astounding advances have been made, but in this also we are, as it were, in the primary department. Disease and its cure, a subject as broad as the universe, as deep as the distress of humanity is possible and as high as the greatest work of the Creator.

One hundred years ago anæsthesia was unknown in medicine and surgery, the treatment and cure of disease by the law of similars was in its infancy, chronic diseases remained chronic, and those who could not endure the gory ordeal of relieving the body of its life-giving flood, or the nauseating emetics and and drastic nostrums died without them. Those who yielded and could not endure the strain also passed into the beyond. Children were frightened into obedience by threats of bitter medicine or a call from the village doctor whose very presence often provoked convulsions, and not unfrequently the united efforts of doctor and family were inadequate to quiet the agitated nerves. But this system, so barbarous, is fast passing into history never to be revived.

And when the discovery of chloroform and sulphuric ether as anæsthetics was blazoned across the scientific horizon, and their virtue tested with great care, operations lost their terror. The poor victim of accident or disease, the soldier on the field of battle and the mechanic working with dangerous machinery had little to fear of the operation that might follow injuries. But the end is not yet. What of hypnosis and kindred sciences, all in their infancy? The twentieth century physician will see greater things than these. Even at the present time the human body may be

all but dissected, put together again and life preserved without an operative pain.

Who would have thought one hundred years ago that anything but a massive dose of drugs, or plasters, or blisters or some other equally painful treatment would suffice for the sick?

When that grand man of noble mind, remarkable genius, penetrating intellect, keen perceptions, of careful observations—a man like the prophets of old under Divine inspiration—proved to the world by many incontrovertible evidences the efficacy of an immutable law, I say, when he proved the virtue of the law of similars the medical world stood aghast with astonishment. It was bewildered. It turned deadly pale from what it feared to be a deadly innovation. When these fears and bewilderments subsided some began to rave, others looked with indifference on the new discovery, while others mocked and said: "Has Hahnemann gone mad? Can any new and lasting thing come from one who has turned fanatic?" Others jeered at him and said: "Let him alone; these things are but the momentary spurtings of a *brainless* enthusiast. What can his small doses accomplish? Is there any virtue in a potentized drug? Let us have the material and in large quantities. Who ever heard of the law of dynamics in medicine? When one's house is on fire would you use a garden sprinkler to extinguish the flames? Pour on the fluid from the hydrant. Dash out the flames with the rivers of water ere the house will be consumed. Spare not the quantity, take no heed to the quality of the water used."

What reasoning! Such analysis!! And yet hundreds have tried with all the powers of the soul to discourage the only rational system of medicine by such fake reasoning. They try it even

in this age of the world, but the echoes are fast dying away and soon we will hear no more of these invectives. And then, my friends, while so many cried themselves hoarse, or worked themselves into nervous spasms in vain efforts to invalidate the laws as laid down by Hahnemann, and propagated by his faithful followers, the good work has gone on and today it stands a peer, true and tried, growing in favor with men and women; and they who, with acumen so agile that they could turn a double somersault on the point of a cambric needle, praying that Homœopathy might come to an inglorious and speedy end, are like the corpulent soldier overtaken in a retreat, now cry: "Compromise! Compromise!" Compromise on what? Compound tablets and anodynes? Far be it from us to do such a thing! We stand today on the law of similars. We fear neither the present nor the future. We have proven times without number, and shall continue to prove that there is no curable disease under heaven that can not be cured by the indicated remedy.

We are accused of standing in want of progress because we cannot always show the relation between the indicated remedy and the micro-organism that produces the disease. We are accused of ignorance because we cannot always give a reason why some diseases affect one side of the body more than the other, or why one foot may be cold and the other warm. Is this knowledge always required to a cure? Can our friends so learned in all the intricacies of pathology effect a cure more readily because of this knowledge?

The twentieth century physician will not do as some we have seen, who, after making careful microscopical examinations of certain sputa and finding a few tubercular bacilli throw up their hands in holy horror and say: "No

cure, no cure; we have found some pathogenic germs and there is no help."

He will not flee, though he may be pursued by multiplied millions of streptococci or staphylococci or any other germ, for if the disease is curable and he a master of the law of similars, he will put these legions to flight and his patient into a normal condition of mind and body.

But these ends are attained by nothing but by constant application and observation. Indeed he must remain at his task like Mark Twain's man did at his tamping pin. The intricate and complex nature of disease, the idiosyncrasies of individuals, the unwavering story of symptoms are hard things to learn; but no man under the shining heavens has greater need of mastery in his profession than he to whom is entrusted the health and life of a people.

The busy man, the conscientious man has little time to cultivate pet theories or ride bucking hobbies. He acquaints himself with the difficulties at hand and with the divine law of similars he banishes pain, quiets the troubled nerves, cools the burning fever, allays the throbbing headache and does it effectively and surely without one grain of nauseating nostrums or painful blisters.

But here we come again in contact with a world of strange questions. "What can your little white pills do? What virtue is there in that small powder? What can you hope from the little water in which have been dissolved a few tasteless granules? It is suggestion that cures. It is another form of hypnosis. Better turn Christian scientist and be done with it." No indeed! The twentieth century physician will not be tempted into the use of amenagogues, diuretics and a thousand kindred things simply because some are poorly informed or are chronic fault-finders.

What can *we* do with these things in

question? Almost anything. For who has a better right to call himself a physician in the true sense of this word than he who possesses the knowledge to cure disease by the simplest mildest and purest method?

Think of the varied performances resorted to in different parts of the world to cure disease, and yet note the signal failure.

The Fetish of Africa burn themselves severely hoping thereby to destroy the power of disease. In China they compound shark fins with tiger claws and by this means hope to bring strength and vigor to the sick. A Brahmin feels happy, when sick or dying, if he can but hold the bushy end of the sacred cow's tail until all is over. In the Lin Chin islands they build a fire of grass and brush in the home of the young mother and forever drive the evil spirits from the future son or daughter.

But all these have failed. Homœopathy is neither suggestion nor superstition. It is a law, true and tried, and happy is that man who knows and practices this law. There will no one rise up in judgment against him.

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Ladies and gentlemen of the graduating class, we bid you God-speed in your most noble calling. You have chosen one of the greatest and grandest professions known to man. Yours is a mission of mercy and love. Do not expect great pecuniary gains at once. Do not plunge into the practice for the paltry sums you may get out of it. *Keep your records pure.* Remember that a kind word kindly spoken calms a troubled spirit. Deal gently with the erring, comfort those who have grown to that age when life loses its charms. And when your work shall have ended, your eyes grown dim in the shadows of dissolution, when you have given your last advice and prepared your last prescription, when that heart that has throbbed with noble impulses and a desire for a higher life, grows weak and weary, when the last adieu is said to loved ones and friends, may your noble heads be laid to peaceful rest waiting the call to arise with Him who healed the sick, unstopped the ears of the deaf, caused the blind to see and the lame to walk.

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## THE ROYALTY OF THE DOCTRINES OF HOMŒOPATHY.\*

J. C. LOOS, M. D., H. M., HARRISBURG, PA.

A bright young student, fresh from his graduation honors sits in his room absorbed in the contemplation of his future work. Thus filled with enthusiasm, he becomes conscious of a presence in the room. Looking up, he beholds what seems the most beautiful creature his imagination could picture. Transfixed in admiration, he gazes upon her,—noting the delicate outline and symmetry of her face, the rosy cheeks, the wonderful soft and gleaming light from her lustrous eyes,—the firm yet

tender lines of mouth and chin which form her radiant countenance into a yearning, triumphant smile, full of joy and sympathy. Nor does he miss the light, full forehead and well rounded head, the delicate, soft lashes, which offer no concealment to the clear open eye, the eyebrows turning slightly upward above the nose, and the mass of fine, thick hair, waving back from her temples. As she stands before him, arrayed in a flowing robe of a soft, shimmering, silvery white, every line is full

\*Response to toast at Dunham Medical College Banquet, Chicago, April 24, 1901.

of grace, all harmonious throughout, the embodiment of power, ease, grace and simple beauty. At length she speaks, in tones as magically beautiful as her appearance, asking: "Of what were you thinking so deeply?"

At this irresistible invitation, he pours forth to her the subject of his thoughts—how he was anticipating his splendid work among the sick and maimed, the comfort and healing he would bring to them, thereby rising in the estimation of the people who would flock to him; how he would become a leader at length, and gain a great reputation for his advance in scientific pursuits. Sure that this beautiful, good woman will appreciate his noble aims, he speaks freely and at length. But when he finishes:—"Bah," says she, "that rascal Fame has been luring you with promises of high position that he may dangle you at the end of his string, play until he tires of you, then cast you off for some fresher youth. But, following after Fame, what do you accomplish for the real benefit of this dwarfed, stunted, over-ridden, decrepit, miserable people under the rule of the tyrant Disease? How can you be a leader in freeing them from this bondage when you know not where to take them out of his way, when you know not his wiles, his allies, his weapons, and are yourself cringing in fear of his curses and his onslaught? Aye, Fame may promise you a following of people to applaud, but he is playing with your pride. He cares not to liberate the people from the accursed power that keeps them in this Valley, only to destroy them and annihilate the race. Already you have seen some forms of the foul destruction and you will yet see more. You will have opportunity to note how this tyrant robs the new born infants of their rights, deprives them of parents, loving care,

and racks them in torture till they succumb or grow up miserable shams of true men and women, unfit to continue the race. He is a false king, ravaging his subjects, hedging them with obstacles to prevent escape and robbing them of their substance. Lured by other aims, they seek only palliation from his oppression, bargaining for present release only to go deeper into bondage, indifferent to the Land of Health in which their forefathers dwelt, or blindly beguiled by vain promises of its restoration."

Then giving him a cap in texture like her own shimmering, soft, silvery white robe, inviting him to follow her, she rises and floats far up, away from all the things familiar to him. To his surprise, he follows her without difficulty, never losing her from his admiring gaze \* \* \* Soon she directs his eyes to what she tells him is the Land of Health, asking what he sees. Pausing, amazed, he looks upon a glorious vision, where the men and women are full in stature, glowing in strength and beauty, working happily at their many pursuits,—working easily, moving nimbly, showing bright, fresh faces. There are children—plump, hearty, good-natured, clear-skinned, playing or studying, all buoyant, alert, joyful—from the long-clothed infants and toddlers of the nursery to the youths and maidens ready to share in the responsibilities of earning a livelihood. "Why," said he, they run, and are not weary; they toil, and are not faint!"

She pointed out to him many, wearing caps similar to his own, coming from the happy land toward the one at their back. "These," said she, "are my toilers. They are bringing from those who have escaped the tyranny, messages to their friends, to follow the guide of these toilers out of the bondage of Disease." As he turns to look at the Valley of



Disease the contrast is so great, the wan and haggard faces and deformed and struggling bodies make him cover his eyes with his hands. Lifting his eyes again to her, he asks: "You say *your* toilers—Who are you, if you please?" "My name is Doctrinæ Homœopathi-corum. I am daughter of King Truth, in whose domain lies the Land of Health. Into my cares has he entrusted the oversight of freeing these people from the tyranny of Disease, conducting them beyond his borders into our domain where they dwell in freedom and delight, continuing the race in strength and progress. This soft, glimmering, silvery white is the symbol of the people of Truth, and will be found in some form on everything of my Father's Kingdom." Now she unfolds to him the rule of the Mighty Tyrant, and also explains how, under her father's direction, she is waging war against him. She tells of the implements used and the methods of systematic destruction of obstacles, providing clear roads of escape from the valley over the border.

As she proceeds, the course becomes so clear and simple, the work so glorious, that his enthusiasm knows no bounds, and he cries:—"This is the work for me. Let me enter your service, to take part in this work. Under your direction I can do a part, be it ever so little. but without a leader, I should sink and fail in the midst of discouragements. I have heard of your disciples, but never knew they were engaged in such a plan as this. They were always spoken of as foolish people, working with impossibilities, but now I see they are in the service of a royal leader."

"'Tis good," she says, "you shall enter into the service; but first, look into your cap, and find there the rule of service." As he reads the words "Noblesse Oblige," she continues: "In this noble service you are at once bound and

free. You are assured of direction, of all necessary provision for your work, of fellowship with many others in the same great service, furnished with my first instructions speaking to you from within, where they are graven in heart and understanding. As thou shalt

\* \* \* \* 'Serve that, low whisper,  
know

God hath a select family of sons  
Now scattered wide thro' earth, and  
each alone,

Who are thy spiritual kindred, and  
each one,

By constant service to that inward  
law,

Is weaving the sublime proportions  
Of a true Monarch's soul, beauty  
and strength,

The riches of a spotless memory,

The elequence of truth, the wisdom  
got

By searching of a clear and loving  
eye

That seeth as God seeth. These  
are their gifts,

And time, who keeps God's word,  
brings on the day

To seal the marriage of these minds  
with thine,—

Thine everlasting lovers. Ye shall  
be

The salt of the elements, world of  
the world.'

"But the obligations imposed upon you by our authority cannot be shirked. Every command must be obeyed. All allegiance must be given to the Court of Truth. So long as you remain a faithful servant, with that cap and badge of adherence, you shall overcome the enemy with our weapons, uphold and defend our standard, surmount and remove obstacles and rise buoyantly above the confines of the world's plane. But when you violate these commands, your power will weaken, your will be

thwarted and defeated, and, held to worldly things, you shall not rise. Then your cap will seem heavy and burdensome.

"To accomplish their ends, Disease and his allies attempt to copy some of our practices, sending orders, calling on our valiant workers, imitating the shimmering silver of our tents. But know, that every message sent from me bears a seal or a thread of such lustre as the cap upon your head. All our roads are marked by this silvery thread. So, when in doubt, if you seek the silvery emblem and follow that till you know your way, you cannot err. In any quandary or difficulty, so long as you have no orders under my seal—wait, delay, until my message comes, and then advance with full power. Take orders from no other source, lest you find yourself fighting in the enemy's ranks against us."

She leaves him, and finding himself again in his room, he ponders long over what he has seen and heard. The more he thinks the more fully he determines to teach his people—his kindred, friends and neighbors—of the possibility of escape, and to help open the way for their deliverance to the Land of Health; the more enthusiastic does he grow in contemplation of the simple methods of *Doctrinæ Homœopathi-corum* and her weapons.

Thus he starts upon his work, guided by her instructions, opening roads and marking them out with the silvery emblem of Truth. He is not surprised or discouraged to find difficulties or hardships, but following his instructions, he works on until he overcomes.

Before he has been a great while at his labors, his attention is arrested by a woe-begone apparition in marked contrast to his lately avowed mistress. As it approaches, he perceives it is a woman—but a mendicant, most forlorn

and desolate, with lagging step. This maiden—once fair, now weather-tanned, the freshness of her face disfigured by lines of want and supplication, her clothes of rags and filth, bare footed, bare armed, her bony fingers extending from her tattered shawl as she tries to to hold it on—appeals to him as one, who under other circumstances, might have been a pleasing, fascinating woman. To see such an one so degraded, stirs his indignation, and he becomes a ready listener as she pleads her forsaken plight, showing how she is dependent on the public contributions, wandering without home or kin—tossed from place to place.

As she proceeds, he is moved with pity, and tries from his experience to devise some means of helping her to a better state. She easily draws from him some information of his work, inquires the significance of his peculiar cap, and learns of his pleasure in the employment he has chosen.

In his compassion, he gives not only cheering words, but a measure of his earnings to furnish her a little comfort. When at length he leaves her, he finds he has gone beyond his course, turned off the road without observing, and he labors long to trace his way back. When he does resume his work he finds it tiresome and unsatisfactory. Again he sees the mendicant, whose face lights up on seeing him, and she seems more cheerful. She even ventures to ridicule his servitude and offers to show him other ways in which he could accomplish more in shorter time, and with more freedom. To be rid of her, he abruptly turns away, first placing a coin in her hand, that he may not seem too harsh. Thereafter he frequently comes upon her or finds her waiting for him, and he always finds his work harder or poorly done after a parley with her. Once she comes hastily as messenger, bringing a

summons with a sad seal, demanding his immediate assistance in a case of distress,—“For the saving of life,” she cries, “be quack.” He hastens to the scene of conflict only to find he has been summoned by false means, when he recalls the seal upon the message was red, not silvery white.

He often seeks his mistress by rising far above the streets and fields, easily lifted by his desire and efforts, but one day as he leaves a public meeting there stands the Mendicant in the porch corridor, and as he prepares to rise above the people, out of sight, she snatches out her long hand toward his cap, but only succeeds in leaving the mark of her mud-stained hand upon his clothes. Turning to brush this off, he finds his buoyancy gone. In his care for the spotlessness of his garments, he neglects his purpose and fails. He must then make several attempts before he succeeds in rising. There remains with him the memory of the scornful triumph on the face of the maiden as she detained him in his flight. When next he meets her on the road, with no pretence of pity or gentle treatment, he demands

—“Who art thou, Hag—do tell?” To her remonstrance at his harshness and to new appeals for assistance he does not yield, but repeats his demand. Upon learning that her name is Popular Prejudice, he declares—“Well, this I know: thou art ever leading me astray and preventing my work, and henceforth I will have nothing more to do with thee. Begone!” Not heeding her tearful appeals, he roughly spurns her and proceeds upon his way.

When he meets his mistress, she chides him for his imperfect application and lagging energy. He tells her of the way his attention has been called away. Then replies the beautiful daughter of Truth: “Aye! it is well you have spurned her. She cannot reach you now, but so long as you looked at her with pity, and listened to her arguments, she would ever lead you off. Henceforth let your allegiance be wholly mine.” And the youth within himself replied: “So long as I have power and breath, will I faithfully serve in thy command, for the deliverance of my people, thanking the Lord of all, Who gave the privilege of so royal a mistress.

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### CLASS HISTORY. \*

SAMUEL DENHAM BARNES, B. S., D. O., M. D.

It was with some dismay that I saw imposed upon me, an unwilling recipient, the honor of being historian of the great class of naughty-one; for aside from the inability which I felt to adequately complete so grand an undertaking there was the limitation to my success. A historian must be a recorder of events; and for his source of supply must either rely on his experience with those events or draw on the records. As my experience with the class did not cover some of its most exciting and honorable achievements, and as the

records are somewhat defective, the predicament that presented itself can easily be understood. The province of the historian is to record events as they occurred and not some one's opinion of what has occurred. A large proportion of the great histories that have been written are vitiated more or less by the intrusion of opinion, but with the growth of more exact scientific methods, the fact is more and more being realized that the careful historian must differentiate between facts and opinions as to those facts; newspapers give

\*Read at Class Day Exercises, April 1, 1901.

opinions as to events, the historian must simply record the events. It will thus be seen that to ferret out the numerous ramifications of the exceedingly important activities of the numerous great minds in this honorable class has been a task of great difficulty. In many cases, conflicting opinions had to be carefully weighed and the truth sought out as nearly as might be in the face of defective records. I was shocked by hearing one of the members of the class remark, "So you really are going to mix in some facts are you?" showing his total absence of conception of the true function of a historian. As I have stated, the record of events occurring in the class and of events leading up to the formation of the class are in some places defective, so that if I have shown poor judgement in discriminating between fact and fancy in my effort to discern the truth, the fault is to be thrown back to the doors of those who elected me to this delicate task against my will.

The history of the class of naughty one rightly begins some years previous to its appearance on the scene. Its first incident may be said to have occurred when two persons reclined on the grass under a leafy arbor, resting after a hard day's labor. "I believe," said the female of the party, "there will have to be developed in some way a curative science. I can see that the consequences of our sin are going to make serious troubles. The apple that I ate tasted very fine at first, but very bad afterwards."

"Yes," said Adam, "I felt serious pain somewhere inside of me soon after I had eaten of the apple. What are we going to do about it?"

With the peculiar intuitions that make up so large a portion of feminine character his helpmeet replied, "I had a vision last night. Many people were

sick and many men tried to make them well. There came one who said, 'Go to! your methods are all wrong; you are making things worse by driving them in instead of driving them out. You must begin to cure by healing the inner man; when the real man is healed his body will recover from all diseases.' Then there passed many years, a hundred or more, and a great school was founded for the proper teaching of this great man's ideas. And two thousand years after they had begun to count time again, a class of great men and women was graduated to go forth and spread the gospel of this new idea and heal the people of their sores and itchings. Was not that a great vision?"

"Even so it was," replied Adam, "and I hope"——

At this point the record in the ancient manuscript from which I compiled the above becomes obliterated and consequently the incident has never been considered of much importance, but sufficient of it is legible to justify our belief that the vision that came to Eve really referred to Hahnemann, to Dunham Medical College, and the great class of 1901. This inference may seem extravagant, but it must be remembered that people in those days were much given to prophetic visions, in the lack of other forms of excitement.

The Egyptians were great medicators, industrious, though blind in their attempts to counteract the baleful effects of Psora. There is reason to believe that they too, felt that time would bring something great like homœopathy to solve the problem of healing diseases. For in the recently discovered parchment on Egyptian medicine, named from its great translator, the Ebers manuscript, mention is made of the expectation of a new form of healing that would get at the exact truth and heal by nature's own laws. Of course no one

but a homœopath would appreciate the fact that this referred to homœopathy.

For verification of all sacred histories, the great source of authority is Josephus; let us see what that famous historian give us with regard to our particular history. On page 497, of an ancient edition, I found these words, "The apostolic fathers appear to have been in full expectation of ability to heal the ills of the body without performing a miracle and to *cure from within out* even when there was no devil to cast out, but when there was something actually wrong with the body. Their descendants still look forward to some definite enlightenment along that line. They seem to think that within two thousand years it will be accomplished with great glory." To what can these words refer but to our great science of homœopathy, and in view of the extremely definite period of time at which great enlightenment was expected to come, to whom can those words refer but to the great class of 1901?"

Hahnemann himself has sometimes been credited with the gift of keen foresight. Does our great father of homœopathy have anything to say with regard to us? It was my good fortune during my school days at the South Div. High School, to be a classmate of Miss Maud Hoyne, daughter of the well-beloved Dr. Hoyne, a father of Dunham College. That was before the days of the founding of this great institution, but she told me that her father had often remarked that while in Berlin he had purchased in a curiosity shop, a copy of an old medical work that had been the property of Hahnemann. On the fly-leaf of this book were written these words, as nearly as I can remember them. Dr. Hoyne is now dead and the book has disappeared and no record is left of the matter, but I will try to make it a matter of record from now on by

recalling as best I can the words of Hahnemann, as repeated to me by Miss Hoyne. These were the words: "The law of cure will be accepted and will then be discredited by some of those who claim to be its adherents. Homœopathy will become great, but will first be tainted by mixtures of all other things. Then will arise a great school that will return to the truth and by the beginning of the twentieth century will be sending out noble men and women filled with the truth and trained to do great things." It was doubtless, inspired by these words and feeling the need of a school that should return to the truth and place the truth upon a great and firm pedestal, that Dr. Hoyne pushed forward the plan for the development of Dunham College. The school is now an accomplished fact, the greatest of homœopaths are now connected with it; and who can doubt that with such a heritage as this, the present graduating class will become the greatest exponents of homœopathy the world has yet seen; and who can wonder that with the inspiration of a history that can be traced back to the earliest times the members of this class have already accomplished great and wonderful things? Accounts of the wonderful exploits of the members of this class, if made glowing enough would fill many volumes. It will be with small success therefore that I can attempt, in the five or ten minutes allowed on this question to recount their feats; for there being nineteen in the class, their feet are thirty-eight and vast in proportion.

When we first assembled within these walls of learning that were to be made historical, the walls were not yet built; we were then seven, but of the original seven, four were unwise enough to drop out and have gone their various unfortunate ways; leaving three that comprise all there is left of the original freshman

class. I well remember the day when we all assembled together. After listening to the first learned lecture, in which the professor recounted the wonderful success he had had and which we might easily equal, we sat in the seats of the south room dumb with awe and terror at the magnitude of the task that lay before us. I think several feet were quaking in their shoes. Finally Quenzer broke the silence, "Dis remembers me of the time when I first commenced to be a beginner in school."

The freshman year being the year of getting acquainted was naturally not one of much excitement. We spent most of the odd time sitting on the desk in the office, and wondering whether we would be allowed to take the front seat in the County Hospital clinics. Our own surgical clinics began to be of considerable value to us. During the year we opened three boils, set one broken finger, administered anæsthetics to two cases belonging to other hospitals, and Freeman pulled two teeth before the class. The remarkable part of this dental operation was that it was bloodless. We all stood around in awe and admiration until one of the boys picked up one of the teeth and declared and saw on it the trade mark of the S. S. White Dental Co. Dr. Freeman narrowly escaped the charge of pulling false teeth and explained the suspicious circumstance by quickly declaring that that was simply the impression left on the tooth by his forceps; that it often happened that way and that the wisest were sometimes deceived. The explanation was satisfactory and in recognition of his bravery and dexterity he was made Prof. of Dental Chaos in the school. Showing himself proficient in that branch he was further rewarded by being given the double chair of "Official Re-arranger of the Library Shelves" and Second sub-assistant Procurator of last

year's magazines for the library. The library was kept closed during the school year, to allow of performing these arduous labors; but we understand the library will be opened for use of students during the vacation.

It was not until the second year of the course that exciting events began to accumulate. One of the first on record occurred when Dr. Quenzer was called in to see his friend and customer, Patrick Murphy, who used to buy eggs of Quenzer. Pat lay very sick with the stomach-ache. The Irish and the Germans were never noted for their smoothness of talk nor their harmonious relations to each other, which may account for the ruffling of feathers which occurred in this incident. The doctor found Pat lying on his back, very white in the face, and the silence of death reigned in the room. "Vell, vot is it dot ails you?" finally inquired the doctor. Pat slowly turned his head, and with words that evidently gave him pain to speak, said, "Do yez mind that spalpeen of Widdy O'Brien's second husband?" The doctor said he knew the gentleman. "Well, he bet me a dollar to a dime that I couldn't shwalow an egg whole without breaking the shell of it." Here poor Pat paused to groan.

"Vell, vat did you do about it?"

"I schwallowed it."

"Without breaking it?"

"I did."

Here was a serious condition to be sure. Not yet being well grounded in the faith in high potencies for such conditions, the doctor was deliberating whether it would be better to give an emetic or a cathartic when he thought possibly it would be well to inquire if Pat had any other symptoms on which to base a prescription. Pat replied, "I have got these yere symptoms, that if yez don't get that egg out o' me pretty

quick, if I jump it will break and cut my stomach with the shell of it, and if I lie still, it will hatch out and I will have a Shanghai rooster clawing me insides out." At this point the record fails because Dr. Quenzer swore that he would patent and keep forever secret his process for extracting whole eggs from the body. Suffice it to say, that as a result of his experimenting on the poor Irishman, he has evolved a process that never fails to extract the egg.

The only other exciting event of the sophomore year, was the entering of it by Dr. Richardson from the Corum Dental School, who straightway entered into competition with Dr. Freeman for some of his dental glory.

With the advent of the third year of the class life, many new and notable accessions were made to the membership of the class.

The National Medical College, not having any Mr. Seaton to smooth its difficulties and pour oil on its troubled waters became disrupted and its students came over to the Dunham, the best ones of the lot going into the then junior class. There also came an osteopath from the great center of osteopathy at Kirksville. Mrs. Jennings came from the Northwestern University Medical. It is related that Dr. Jennings, who has an allopath for a husband, was once sick at a time before she began to study Homoeopathy. Her husband wished her to take some nasty medicine, but she rebelled. He insisted, but she conquered, as she always does, and she decided then and there that she would become her own Homoeopathic physician and not have any more bad medicine to take.

Quenzer, patentee of the egg-extractor, came from the National in our junior year, as did also Mrs. Healey and Mrs. Luddon; Estock coming at the same time from the P. & S.

The principal fact to be found in the the records with regard to Dr. Waltenbaugh, is that he was born in Ohio, the President state. People from Ohio are like the Scotch—they take overweening pride in the land of their nativity and consider themselves apart from the ordinary run of people.

There are two important things about Dr. Glasgow—one is his youth, he being the youngest member of the class, and the other is his sweetheart.

Osenbaugh, was a nurse in the Spanish war, he rightly thinking that it was better practice to take care of sick Spaniards than to fight live ones.

Dr. Miller, our patient and unprejudiced class-president, who felt debarred from taking part in the class scraps because he was supposed to be a moderator between the factions and a conservator of the peace, came into our junior year from the St. Louis Homœopathic College. Vacations he spent practicing in Podunkville, Kans. He left his wife at home when he came up to Chicago.

During its senior year the class took into its proud arms several members that added lustre to its name—Mrs. Higgins coming from Denver Homœopathic College; McKenney from the Cleveland Homœopathic College; Del Mas as a graduate of Yale, '98, and Dr. White from the Hahnemann of Philadelphia.

Dr. Harry Baker, gentleman, scholar and member of our Post-graduate School of Homoeopathy, was voted into the class with great honor to both himself and the class.

The advent of this Post-graduate School of Homoeopathy, an epoch in the history of the college, coming at the beginning of our senior year, must of course be considered as a part of the history of the class.

It may be asked where Cupid has been during these four years. Alas! I know

not where. He certainly has not been attending our class meetings very much. Four long years without a change in name or a doubling-up of any kind. It is the only part of our class history that I blush to relate. But there are extenuating circumstances. For instance, all but one of our dear girls already append Mrs. to their names, and the remaining damsel was so confused and disconcerted by the contested attentions of the unmarried gentlemen of the class that she made up her mind to be wedded only to her profession, and so declared herself to the several who broached the subject. It is fair to observe, however, that Miss Sutton did deign to receive the clinical thermometer from Dr. Crutcher. I have intimated that Cupid has been inactive toward our class, but I, of course, exclude from this statement as not a college event, the flirtations carried on between honest Jno. Osenbaugh and the trained nurses in the Army hospital.

One more name I have to mention, and I approach it with mixed emotions of fear, love and joy. I fear to say all the good things I would like to say about him lest he in his modesty think I am making fun of him. However, he is sure to think that anyway, so I might as well die for a sheep as a lamb. My bosom friend, sharer of my joys and sorrows, my inspiration to better Homoeopathy and to a greater philosophy of life, Biggs. Ernest The King Biggs. I simply translate his middle name from the French and give its English meaning. Royal Biggs, the gentleman, orator, aristocrat and Beau Brumel of the class, and being a Kentuckian, doubtless a judge of good spirits, good phillistine and lady-killer. I have good reason to know the latter, for I once had occasion to attend a public lecture with one of my best girls, and, out of the goodness of my heart, secured an adjoining seat for Biggs. Now what ever else is said,

you cannot accuse Biggs of being an intentional flirt, but there is such a thing as being a natural flirt, and I fear that both he and the young lady have a little of that as a general symptom. However that may be, so fascinating did he become to the young lady that whenever there has been a pretext since then she has inquired carefully after Dr. Biggs, and I have taken diligent care that he should not learn her address. I shall keep between them as much as possible here tonight.

As a matter of fact, the ladies are of small consequence to Dr. Biggs, which, by the way' is one of the qualities that go to make up the natural flirt. This fact dominated Biggs' choice of a vacation last summer. Instead of going to a summer resort to take glory in the ladies, as men of the stamp of Estock and Osenbaugh would have done, if they wanted to flirt, Biggs took refuge in a hunting expedition. In his party were also a couple of undertakers. A newspaper in the town at which they took up headquarters promptly came out with this notice: "Dr. E. L. Biggs has recently located here for practice, bringing with him two undertakers as adventurous aids."

As a senior class we had our full share of class scraps. I never took any part in any of them until we had the one about invitations to our graduating exercises, and then I was so roundly trounced, tied in a knot and stuck under the table, that I had no further heart for class meetings. The proposition to have invitations costing \$105.00 a thousand when they could be had for \$40 deeply wounded my sense of the moral fitness of things. Therefore, and in behalf of the ten or twelve in the class and faculty who thought as I did, but didn't like to say so, I took up the burden bravely and made an effort to "buck the trust." The sad result to my personality was as



afore mentioned. Moral, for the seniors of next year, if anybody wants invitations that come high, even as high as 200 simoleons, don't anybody dare to suggest \$40 ones or he'll get himself into trouble. The \$40 ones may do just as well, but the glory of graduating expensively must be maintained in order to make good doctors. And besides, if we were to patronize home industry how would Mr. Wright, of Philadelphia, be able to fill his coffers?

The history of the class would not be complete without a reference to the most important event that has occurred during the days of our abiding here. It is not the fact that we are the largest class ever graduated from the college, nor that we are the greatest and best class ever graduated here, nor the unusual fact that every member of the class is graduated. I do not refer to the uniting with us of the Philadelphia Post-graduate School of Homœopathics. I do not refer even to the announcement of the million dollar donation that was received with shouts and cheers and tumult and speech-making that could be heard for blocks and prevented the motormen on the elevated trains from hearing their signal to start their trains.

None of these things answer the description of being the most important event of our history. But you Homœopaths and you philosophers know what I mean. I refer to the advent to this college of America's greatest Homœopath, Dean James T. Kent. There is no room for joking in the same breath with the mention of his name, for when you say Kent you are "up against the real thing." Like good boys and girls, we love our teachers, and know that they are all good ones. But what shall I say of our Dr. Kent? Is it enough to say that we respect him? No. Admire? No. Love? No; nothing less than *revere* will express our feelings toward the high-priest of Homœopathy in this country. Long may he live to spread the gospel of true Homœopathy; may the deep satisfaction that he takes in this, his largest class, be repeated in many other classes; may we, his followers, never cease our efforts to attain what he has shown to be the truth — Hahnemannian Homœopathy, and having attained truth, let us be guided by this little gem from the lips of Kent: "We owe no obedience to man, not even to our parents, after we are old enough to think for ourselves. We owe obedience only to truth."

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#### HAHNEMANN THE STUDENT. \*

As I looked upon these porcelain dishes that graced this banquet board and noted their beautiful designs my mind went back 125 years to Dresden when they first learned this art—that kaolin (white earth) would make more dainty dishes than the rough earthenware from feldspar clay.

This discovery drew to Meissen (a suburb of Dresden 12 miles away) artists and designers. Among them was a quiet, intelligent, honest, upright, frugal man, honored and respected by all who

knew him. Two years after, on April 11, 1755, a son was born in the quaint three-story home. When young Christian Fredrich Samuel was five years old his father began giving him "thinking lessons" an hour a day.

This boy was frail but anxious to learn. So frail that the father kept him from school a year at a time. Now we find him in the fields collecting a herbarium and gaining strength and vigor. So apt a scholar was he that at twelve he was assigned to teach others the rudiments

\* By T. C. Duncan in response to a toast April 24, 1901.

of Greek. At eighteen he entered a private higher school, where he graduated at twenty. His finishing thesis was not on the new porcelain or painting or designing or flowers or Greek or any abstract subject, but upon "the wonderful mechanism of the human hand."

During these school days he tells us he was less solicitous about reading than digesting what he read. His plan was to "read carefully and to *classify* in my mind before reading further." This young man was just a plodder, slow but careful of his mental digestion and assimilation. The ability to classify goes with high mental training.

With this preparation and twenty thalers in his pocket and free tickets to the medical department of the University of Leipzig he left home. Now thrown on his own resources he studied and attended lectures in the day and translated books and tutored students in German and French at night. After two years he went to the great medical centre of that day, Vienna, where he expected to finish his course, but his savings were stolen and he was obliged to work his way, part of the time assisting in the Leopoldstadt Hospital. At the end of nine months he was obliged to leave, but the Governor of Transylvania took him in as "family physician and custodian of his museum and library." This gave him opportunity (during twenty-one months) to learn several languages, as well as money to carry him through the University of Erlangen. He went there "because it was cheaper." In that day the candidate had to defend a thesis. His chosen one was "A Consideration of the Etiology and Therapeutics of Spasmodic Affections." On August 10, 1779, this young man received "the honorable title of Doctor of Medicine." We read of no banquet except that of a glad

heart. This, my friends is a brief sketch of the undergraduate life of Dr. Samuel Hahnemann whom we delight to honor tonight.

Let us go with him a little with his new diploma. He went to a small mining town and began to practice. His leisure he filled in with study of chemistry and the sciences bearing upon mining. We read that "he took long geological walks." He was by and by appointed a town physician and while assisting the pharmacist discovered a chemical affinity for the druggist's daughter. They were married—a wise move for the young physician. After trying to get established in several towns he moved to Dresden. His integrity and growing knowledge of drugs would not allow him to follow blindly the polypharmacy of that day. In disgust he went to Leipzig to devote his time mostly to translating books and study. Here he was elected member of the Academy of Sciences. In our day he would have received several degrees. Young Dr. Hahnemann became an authority on chemistry and gave an impetus to the infant industry of manufacturing chemistry—the pride of the German nation of today.

He translated many books and among them Cullins' *Materia Medica*.

The article *Cinchona* and the theory of Cullen as to its action in intermittent fever arrested the attention of this laboratory genius. He took "four drachms twice a day of a good *China*" to know how it acted upon the health. A similar fever was produced. Is *similia* the guide to drug selection? He at once removed to a small town to test the new idea. During an epidemic of scarlet fever, when his own children were attacked, he found that *Belladonna* was the similar remedy and prophylaxis. The slogan *Similia Similibus Curantur* startled the medical world and will as it

"echoes down the corridors of time."

Hahnemann became a learned man. He was a good hygienist and surgeon. His management of a case of caries treated locally with alcohol attests that. He was a skillful diagnostician. We learn that he spent an hour over the chest of a Scottish lad sent to him in Paris, said to have tuberculosis pulmonum, whom he cured, but it took him

many, many years to develop and master a materia medica (and therapeutics according to similia), just as it has Dean Kent and all who have made it a special study, as Homœopathic physicians should and must to be expert practitioners.

May all young physicians emulate young Hahnemann's example: Study, think and learn to be wise.

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## Materia Medica.

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### A STUDY OF RHUS TOXICODENDRON—POISON OAK.

M. E. DOUGLASS, M. D., BALTIMORE, MD.

#### Natural Order—Anacardiaceæ.

Name derived from the Celtic *rhudd*, signifying red, alluding to the color of the flowers and leaves of some of the species in autumn.

Introduced into Homœopathic practice in 1816 by Hahnemann.

The tincture poisons the skin, and bottles containing it should therefore be handled with great care.

Admitting, as appears generally to be done at present, that *Rhus toxicodendron* and *Rhus radicans* are mere varieties of the same plant, there are four indigenous species of rhus which possess poisonous properties—*rhus toxicodendron*, *rhus venenata*, commonly known by the name of *swamp sumach* or *poison sumach*; *rhus pumilum* of the southern states, and *rhus diversiloba* of California.

We will briefly describe the four, as their medical effects are probably similar, and their operation upon the system such that the plants should be known to every practitioner.

Though Elliott and Nuttall consider *Rhus rad.* and *Rhus tox.* as distinct species, the weight of botanical authority is on the other side, and Bigelow declares that he has "frequently observed individual shoots from the same

stock having the characters of both varieties." The difference, however, in their appearance is sufficiently striking to have led to the adoption of different common names—*rhus rad.* being usually called *poison vine*, and *rhus tox.* *poison oak*. The former has a climbing stem, rising to a great height upon trees, rocks and other objects to which it adheres by strong rooting fibres, which it throws out from its sides. The leaves, which stand upon long foot stalks, are ternate, with broad-ovate, or rhomboidal acute leaflets, smooth and shining on both sides, sometimes slightly hairy on the veins beneath. The flowers are small, greenish-white. The male flowers have five stamens and the rudiments of a style; the female, which are of only half the size and on a different plant, have abortive stamens and a short erect style, standing on a roundish germ and terminating in three stigmas. The fruit consists of roundish, pale-green or whitish berries.

*Rhus toxicodendron* has the form of a shrub from one to three feet high, with leaflets irregularly indented and pubescent beneath. But this character of the foliage is probably not constant,

and the stunted growth may be owing to peculiarities of situation.

This species of rhus grows in woods, fields and along fences from Canada to Georgia. It flowers in June and July. When wounded it emits a milky juice, which becomes black on exposure to the air, and leaves upon linen or other cloth a stain, which can not afterwards be removed by washing with soap and water or by alcohol, either hot or cold, but deepens by age. It has been proposed as an indelible ink. Ether dissolves it.

The juice applied to the skin frequently produces inflammation and vesication, and the same poisonous property is possessed by a volatile principle which escapes from the plant itself and produces in certain persons, when they come into its vicinity, an exceedingly troublesome erysipelatoid affection, particularly of the face. Itching, redness, a sense of burning, tumefaction, vesication and ultimate desquamation are some of the attendants of this poisonous action. The swelling of the face is sometimes so great as almost entirely to obliterate the features. The effects are experienced soon after exposure and usually begin to decline within a week. All persons are not equally liable to the affection, and the great majority are wholly insusceptible of it from any ordinary exposure.

**Rhus venenata.**—Swamp sumach is a beautiful shrub or small tree, usually ten or fifteen feet high, but sometimes thirty feet. The bark of the trunk is dark gray, of the branches lighter, of the extreme twigs and petioles beautifully red. The leaves are pinnate, with four or five pairs of opposite leaflets and an odd terminal one. These are oblong or oval, entire or slightly sinuated, acuminate, smooth, and, except the one at the end, nearly sessile. The flowers are very small, greenish and in loose axillary panicles. The berries are small, roundish and greenish-white. The tree grows

in swamps and low grounds from Canada to Carolina and flowers in June and July. It is thought to be identical with a species of rhus which grows in Japan and furnishes a fine black varnish, much used in this country. The opaque whitish juice which exudes from our native plant when wounded, and which becomes perfectly black on exposure, may be made to afford a brilliant, glossy, durable varnish by boiling it sufficiently before applying it.

**Rhus venenata** produce, much more powerfully than **rhus radicans**, the poisonous effects already described. Persons coming within its influence are more apt to be affected with the poison and generally suffer more severely. The whole body is sometimes enormously swollen and the patient for many days scarcely able to move, but the complaint almost always spontaneously subsides without destroying life. As in the former instance, the susceptibility to the influence of the poison is exceedingly various and some persons handle the plant with perfect impunity.

**Rhus pumilum.**—This is a southern species, growing in upper Carolina, and not more than a foot in height. It is characterized by its pubescent branches and petioles; its pinnate leaves, with many pairs of oval, nearly acuminate, incised-dentate leaflets, downy beneath, and by its silky fruit. According to Pursh, it is the most poisonous of the genus.

**Rhus diversiloba.**—This species approaches nearly the **rhus tox.** It has a somewhat climbing stem, with short leafy branches. The leaves have three or rarely five leaflets, which are very obtuse. The flowers are in axillary, racemose panicles, often shorter than the petioles, and the fruit white, somewhat pubescent and subglobose. The leaves in the male and female plant are so different that they might readily be mis-

taken for different species. Though generally a shrub, the plant sometimes climbs over large trees and has a stem six inches in diameter.

It is probable that all parts of *Rhus toxicodendron* are active, but the leaves only are directed in the U. S. Pharmacopœia, under the title of *Toxicodendron*. These are inodorous, have a mawkish acrid taste and yield their virtues to water.

The toxic action of this species is one difficult to explain. The first noticeable peculiarity is its choice of victims, many persons being entirely devoid of response to its influence, many others peculiarly susceptible.

Another peculiarity is that in many cases it is not necessary to even touch the plant to be severely poisoned.

A third peculiarity is that the plant is more poisonous during the night, or at any time in June and July when the sun is not shining upon it. Absence of sunlight, together with dampness, seems to favor the exhalation of the volatile principle (toxicodendric acid) contained in the leaves. Of this, Porcher says:

"An acrimonious vapor, combined with carburetted hydrogen, exhaled from a growing plant of the poison oak during the night. It can be collected in a jar, and is capable of inflaming and blistering the skin of persons of excitable constitution, who plunge their arms into it."

There are almost as many antidotes recommended for *Rhus tox.* poisoning as for the bite of the rattlesnake. Prominent, however, among the applications are alkaline lotions, especially carbolate of soda, alum-curd and hyposulphite of soda, keeping the skin constantly moist with the agent in solution, meanwhile administering *Bryonia*, *Belladonna*, *Apis*, *Grindelia robusta* or *Verbena urticifolia*.

The Homœopathic preparations are

made from the fresh leaves, collected after sunset on cloudy, sultry days, from shady places, in May and June, before the period of flavoring.

The tincture should have a dark-brown color by transmitted light and will give off no characteristic odor, it will have a biting and astringent taste and a strong acid reaction.

The chief characteristic of *Rhus* is the prominent aggravation of its symptoms during repose, and ameliorated by continued motion.

Another prominent characteristic is: Tongue dry and rough, with red eyes and triangular red tip.

A third characteristic is: Vesicular and pustular eruptions, with burning and itching.

**Physiological Action.**—The effects produced by *Rhus*, whether it be taken internally or absorbed by the skin (either from exhalations from the plant or otherwise) are redness and swelling of the affected parts, and, if referable to exhalations, most particularly in the face and eyes, in which last there is burning, with inflammation of the lids and agglutination of these organs in the morning. Subsequently there is swelling, with pain, and often a considerable increase of temperature and the inflamed surface is generally studded with vesicles. Combined with these symptoms there is an almost unbearable amount of itching, which is not confined to the patches of inflammation, but diffuses itself more or less over the entire surface of the body, the hairy portions appearing to be very specially affected. The condition induced thus appears to be of an erythematous or erysipelatous type. It is superficial but spreads rapidly over the surface and speedily involves large areas of the body, eventually extending to the mucous membranes, as indicated by redness and swelling of the throat and mouth, with,

ordinarily, great thirst, irritable cough, nausea, vomiting, vertigo, dulness and stupefaction of head and colicky pains throughout the abdomen. These last are chiefly experienced during the night and are aggravated by eating or drinking. Diarrhœa frequently ensues, accompanied by tenesmus and the stools are often bloody. There is often retention of the urine, or else diuresis, and the water is frequently accompanied by blood.

Rhus also induces pains, apparently of a rheumatic kind, and which are felt not only in the limbs, but in the body, though most especially about the joints. Pain and stiffness in the lumbar regions are often induced and to these affections is often added a sense of numbness in the lower extremities. The structures most powerfully affected appear to be the fibrous ones. The pains in question are accompanied by a very slight amount of swelling, and, singular to say, they become intensified by rest and warmth. Sleep is greatly disturbed, the patient becoming restless, constantly turning about and often suffering from great nervous depression.

The fever which sometimes accompanies the effects of rhus, though by no means an universal symptom, usually occurs, when present, in the later stages, and generally partakes of a typhoid character. It is often attended by delirium; the lips are apt to become dry and parched and to be covered with a brownish crust. Sometimes it assumes an intermittent character and is then usually marked by profuse perspiration.

The properties of the rhus tox. were first brought into notice about the year 1798 by Dufresnoy, a physician at Valenciennes. Dufresnoy's attention was attracted to the plant by circumstance of a young man who had suffered from a six years' eruption upon his wrist, being cured by accidental subjec-

tion to its influence, and shortly afterwards he employed it successfully in various cases of obstinate herpetic eruption. Zoster, pemphigus and eczema, especially when accompanied by burning or itching sensations, represent the class of eruptions which are very readily subdued by the external and internal exhibition of rhus, and in erythema and erysipelas, especially when accompanied by vesicles and bullæ, it is without question a very useful remedy.

Rhus is a very powerful therapeutical agent in various subacute and chronic rheumatic affections of the fibrous tissues generally. The synovial membranes are less amenable, however, than the fibrous tissues outside of them, such as the tendons, the ligaments and the fascia. When the muscles seem to be affected and relieved by rhus, it is through the extension of the rheumatic affection from the joints.

In the after stage of acute rheumatic fever, when *Aconite* may have been employed and when the temperature has fallen to 100 degrees, or below it, and when the patient still suffers from wearing stiffness and aching of a subacute character in the neighborhood of the joints, rhus is positively invaluable. It should be applied externally, in the form of lotion, with compresses, and be given internally every two to four hours.

Dufresnoy administered the dried leaves in doses of half a grain or a grain twice a day in cases of paralysis. The patients recovered, so it is said, to a certain extent, the first symptom of improvement consisting in an unpleasant sensation of pricking or twitching in the limbs, analogous, apparently, to that induced by strychnine. Subsequent experience defines that this medicine is efficacious in cases that depend upon a rheumatic condition. It is pointed out by Dufresnoy that persons not constitutionally susceptible to the disorders induced

by rhus, are not so likely to receive benefit from it if used as a medicine.

This statement we are not prepared to unreservedly accept. Personally we have handled the fresh leaves of both the rhus toxicodendron and the rhus venenata with impunity. On the other hand we have experienced decided physiological effects from the internal use of very small quantities.

In scarlet fever rhus tox. is especially

useful when typhoid symptoms are present.

In typhoid fever, rhus tox. is valuable when there is delirium manifested by incoherent muttering to himself without any seeming connection of ideas; bleeding from the nose; lips dry and covered with brown crusts; tongue red at the tip, in the shape of a triangle; severe rheumatic pains in limbs, worse in rest; this causes restlessness and tossing about.

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### KALI CARBONICUM.\*

HARVEY FARRINGTON, M. D., H. M., PROFESSOR OF MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

*Kali carb.* is a remedy at once easy and difficult to prescribe. That is, by numerous provings and abundance of clinical data its pathogenesis is well rounded out and presents marked and unique characteristics. And yet there is a phase of sickness in which this drug is sometimes the similimum, which may have progressed so insidiously that none but the barest general symptoms manifest themselves and do not point clearly to any remedy. Every physician who has been in practice for any length of time can appreciate what I mean. Now and then he will meet with a patient who is evidently breaking down in health, but who complains of naught save weakness, general nervousness, loss of appetite, mental sluggishness, headache and lack of animal heat. Perhaps *Sulphur* and *Psorinum* have been given in turn in the endeavor to rouse the patient out of this "nondescript" condition into one of "normal manifestation of disease," if the term may be so applied. Now, whether the state be the result of over-work or anxiety, of the loss of vital fluids from sexual excesses, or hæmorrhage after labor or abortion, or whether it be a tedious convalescence

from acute disease, *Kali carb.* is very often the remedy and should not be overlooked in the study of the case. Nothing could illustrate more fully than this the depth and pace of its action. *Sulphur, Psorinum, Medorrhæa, Syphillinum, Moschus, Tuberculinum* and the whole list of remedies having the power to stimulate vital reaction, stand among our most searching chronic remedies. *Kali carb.* deserves a place in the same category.

On the other hand, as was suggested above, its clear-cut indications render its application in the healing of the sick a comparatively easy matter, provided they are correctly interpreted and understood. I shall endeavor briefly to outline these indications.

If you wish to obtain a clear picture of a remedy—or of the *patient* who will need that remedy—begin first with the most general features, with those peculiarities that qualify all or at least the major part of the symptoms, and when this is once accomplished, the particulars may be added in their proper places.

The typical *Kali carb.* patient is dark complected and inclined to obesity;

\*Read before the Illinois Homoeopathic Society.

emaciation follows later. He is irascible and discontented, has a civil word for no one, yet when alone he is anxious and fearful. There is great mental and physical weakness. The mind is dull, cloudy, confused; mental labor is a burden. Any little physical exertion is attended with sweat and followed by prostration and trembling. The heart muscle is also weak, and sympathizing with the general lack of tone, fails to perform its function properly. So the pulse is feeble and slow, or if rapid, it is small, intermitting, rarely full and strong. Pulsations are felt in various parts of the body—epigastrium, limbs, etc.—not from active congestions, for there is too much asthenia for that, but from pure anaemia. The blood, though volumetrically normal, is deficient in red corpuscles—hence poor oxygenation and consequent flabby adiposity; hence pallor, emaciation and extreme sensitiveness to cold.

But cold does not cause chilliness only; with but one or two unimportant exceptions, it aggravates all the symptoms. Headache, neuralgia, rheumatic pains come on from riding in a cold wind; cold food or drink is almost sure to bring on gastralgia and abdominal pains. Even the mental depression is worse in the cool, open air. Warm wraps, the hot water bottle, warm air relieve; warm drinks are grateful to the stomach.

The *Kali carb.* patient is seldom free from pains. They may be tearing, they may be *burning*, but they are predominantly *stitching*—stitching in the temples, in the throat, stomach, gums, muscles, joints—stitching everywhere and anywhere, and though they may be localizing, they also wander and shift about—now here, now there.

The nervous system is unstrung and oversensitive. Noise is exceedingly unpleasant. Touch, especially if unex-

pected, goes through the body like an electric shock, causing a fit of trembling. It is not merely the “start” experienced ordinarily under such circumstances, but an anxiety, a fear, that pervades the whole system.

Fear and anxious tremulousness have been noted as general characteristics. They also appear with faintness and weakness when the stomach becomes empty, driving the patient to eat. But so marked is the exacerbation of digestive troubles after taking food that the whole organism is more markedly affected than when fasting. Eating causes faintness, nausea, bloating, flatulent colic and a train of symptoms so acute that fasting seems preferable. Thus we have a general aggravation from eating and a general aggravation from going without food, even for a few hours.

Any tax upon the reproductive system is apt to intensify all complaints. Many *Kali carb.* cases result from sexual excesses, but even legitimate and infrequent intercourse is followed by much suffering in both sexes—the weakness, the amburosis, the headache, the backache, the pains and digestive disturbances, etc., etc., are all made worse. So, too, during the menstrual nixus all symptoms, mental and physical, increase in severity, while in many instances a full picture of the remedy is not obtained till the woman becomes pregnant, miscarries or enters the puerperal state.

Not the least important is the aggravation as to time. Like all the salts of potash, the carbonate is marked worse in the early morning, but its special preference is three o'clock. Mental symptoms, pains, cough, dyspnoea, palpitation—are all worse at three a. m., and there is seldom much relief before five.

These are the fundamental indications for *Kali carbonicum*. In every case



they must be present to greater or less extent if the remedy is to be prescribed with any degree of certainty.

Thus in pleurodynia or even in true pleurisy when *Kali carb.* is the simillimum, the pains, stitching in character, wander from place to place in the chest, are increased by the least amount of cold and become intolerable at three a. m.

Thus in pneumonia the racking spasmodic cough grows worse in the early morning. The stitching pains, though they may shoot more persistently through the lower third of the right lung to the back, nevertheless shift about, are worse from cold, better from heat and the patient, in spite of extreme irritability and harshness towards others, fears he will die if left alone.

The poor consumptive with similar symptoms, with night sweats, violent cough, profuse mucous expectoration dotted with globules of pus, though erstwhile stout and flabby, is weak, irritable, tremulous, perspires on the least exertion, is worse on an empty stomach, yet feels so bad after a little food that he fears to take a mouthful of nourish-

ment. Pains shoot hither and thither through chest and limbs, but they are for the most part stitching, are invariably made worse when he becomes cold and relieved by warmth and warm applications. Pulsations are felt in different parts, the abdomen bloats, the limbs swell, puffy, oedematous sacs form in the upper eyelids and soon emaciation begins.

The woman afflicted with dysmenorrhœa must go to bed when the menses appear, flows profusely, suffers intensely with backache, extending into the buttocks or down the thighs, pains in the abdomen, indigestion, neuralgia, headache, etc., but she is irritable, anxious, chilly, is worse after eating, the slightest touch, especially on the sole of the foot, throws her into a violent fit of trembling, and the pains are fugitive and stitching.

So in habitual abortion, metorrhagia, colic, diarrhoea, cholera infantum, chronic catarrhal troubles, organic heart disease or in a condition which cannot be designated by one pathognomonic term, the rule holds good.

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## HOW TO USE THE REPERTORY.

J. T. KENT, A. M., M. D., PROF. MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

Ever since the appearance of my Repertory in print many of my friends who use it have urged me to write out my own method of using a repertory. I realize that it is a most difficult undertaking, but shall attempt to explain my method. I doubt not but most careful prescribers will find that they are working in a similar manner.

The use of the repertory in Homœopathic practice is a necessity if one is to do careful work. Our Materia Medica is so cumbersome without a repertory that the best prescriber must meet with only indifferent results.

After the case has been *properly taken*, according to Hahnemann's rules, it is ready for study. I do not intend to offer in this paper the ordinary rubrics, because all know them well. A case that is well taken and ordinarily full, will show morbid manifestations in *sensitiveness* to many surroundings, such as weather, heat and cold, also in the *desires* and *aversions*, mental symptoms and the various regions of the body.

When I take up a full case for study I single out all the expressions that describe the general state, such as the aggravations and ameliorations of the gen-

eral state of the patient or of many of his symptoms. I next consider carefully all his longings, mental and physical, all the desires and aversions, antipathies, fears, dreads, etc. Next I look for all the intellectual perversions, methods of reasoning, memory, causes of mental disturbances, etc. All these I arrange in form together, in order to set opposite each one all remedies in corresponding rubrics as found in the repertory. By the cancellation process it will soon be seen that only a few remedies run through all these symptoms, and therefore only a few are to be carefully compared in order to ascertain which one of all these is most like the particular symptom not yet lined up to be considered as the first ones have been considered. Hahnemann teaches in the 153d paragraph that we are to give particular attention to such symptoms as are peculiar and characteristic. He teaches also that the physician must pay his earnest attention to the patient. Now if these two things are duly considered, it will be seen that Hahnemann's idea was that a characteristic symptom is one that is not common to disease, but one that characterizes the patient. All the first lot of symptoms singled out for a more comprehensive view are such as characterize the patient and are predicated of the patient himself. By treating a portion of the symptoms in this way we have reduced the list of possible remedies to a few or perhaps only one. As it is necessary to consider the totality of the symptoms for a basis of the Homoeopathic prescription, it is now necessary to examine all the rest of the symptoms in order to ascertain how these few remedies correspond with all the particulars.

It may be said that the above is only routine work and everybody does it just that way. True, but after so much has been accepted the more intricate prob-

lems come up. To work out a well-rounded case is the simplest part of repertory work, but when *one-sided* cases appear and when the patient states his symptoms in language that cannot be found in provings the case is far different. The record of the patient should stand as nearly as possible in his own language. From an extensive correspondence and many years of teaching graduates, I have come to the conclusion that it is a difficult matter for many to know when the record of symptoms contains the possibilities of a *curative* prescription. Many cases are presented with no *generals* and no *mental* symptoms — absolutely no *characterizing* symptoms — only the symptoms common to sickness. When a successful prescription is made on such symptoms it is scarcely more than a "lucky hit." It cannot be classed as scientific prescribing. Many records are presented with pages of vague description and one keynote that has served as a disgraceful "stool pigeon" to call forth a failure from many doctors.

Unless the symptoms that characterize the patient are brought out in the record the physician should not be surprised at a failure. The remedy must be similar to the symptoms of the patient as well as to the pathognomonic symptoms of his disease in order to cure.

To show something about the requirements of repertory work, I will try to bring out hypothetical groups of symptoms such as come to every man. In a well-rounded case, or as an isolated group, we frequently meet with what is called "writer's cramp." This must be divided into many elements before it can be properly put on paper as a worked out case or fragment of a case. If we should take "writer's cramp" and say no more about, we would have only a limited number of remedies to look to

for cure. But our resources are almost unlimited, as will be seen. "Writer's cramp" when examined into, will be found to mean *cramp in finger, hand or arms*, or all three. Sometimes *numbness and tingling* of one or all three; sometimes *sensation of paralysis* in one or all three; sometimes *tingling of fingers and hand*, and all of these conditions from *writing or worse while writing*.

Cramp in fingers while writing: Brach., cocc., cycl., trill., mag-ph., stann.

Cramp in hand while writing: ANAC., euph., mag-p., nat-p., sil.

Cramp in wrist while writing: Amyl n., brach.

Numbness in fingers while writing: Carl.

Numbness in hand while writing: Agar., ZINC.

Paralytic feeling in hand while writing: Acon., agar., chel., cocc.

The above brings out about all that can be found in the *Materia Medica* on this subject, and failure often follows owing to the scanty clinical and pathogenetic records to which we have access; but we have just begun to consider this vexatious group of symptoms. It is true that sometimes the above scanty showing presents just the remedy required. But oftener it does not, and then we may proceed as follows:

Cramp in the fingers, hand and wrist, or such parts as are affected: Use the general group on page 938 of my Repertory—a long list.

Numbness of fingers and hand: Pages 999 and 1,000 using also the general group.

Sensation of paralysis of hand and fingers: Use the general groups, pages 1,118 and 1,119.

After these have been carefully written out, turn the general rubric in Generalities on page 1,287, "Exertion," and write out such of these remedies as are

found in the complex of "writer's cramp," and the result will be such remedies as have the complex symptoms from exertion. Writing is nothing else but prolonged exertion. When this simple lesson is learned the physician will see at once that the same process will show the remedy in those who have lost the power of the hand and fingers, or have cramps, etc., from playing stringed instruments or playing the piano or the prolonged use of any tool or instrument. It is using in proper manner a general rubric.

Furthermore, after cures have been made with remedies selected in this way, such remedies may be added to the scanty list of particulars first referred to, and in this manner will our repertory grow into usefulness. This is the legitimate use of clinical symptoms. It is the proper application of the general rubric to the end that our scanty particular may be built up. The new Repertory is the only one ever found that provides a vacant space for annotating just such information. If the large number of correct prescribers in the world would join in this extension, we could soon have a repertory of comparative extensive particulars. Our generals were well worked out by Bönninghausen and much over-done, as he generalized many rubrics that were purely particulars, the use of which as generals is misleading and ends in failure.

The success coming from Bönninghausen's Pocket-book is due to the arrangement whereby generals can be quickly made use of to furnish modalities for individual symptoms, whether general or particular. This feature is preserved in my repertory, as all know who use it. But it is the generals that can be used this way. A large rubric made up of promiscuous particulars, none of which are predicated of the

patient is a "hit or miss" when applied is general and usually a miss. For example, "aggravation from writing" is a rubric of particulars. In no instance is there one wherein the patient himself is worse from writing, but the eyes, the head, the hands, the back (from stooping), etc., make up this rubric. It is useless to resort to aggravation from writing when a headache is the symptom and find the remedy refers to a complaint in some other part wholly unlike headache. To make use of this modality for mental symptoms when it is applied to complaints of the hand is perverting the uses of circumstances. Aggravation from writing should be limited to the symptoms that are worse from writing and kept with them, as it is not a general. It is so done in my repertory. This is wholly different in the great rubric "motion." If we study *Bryonia* from that rubric, and from the *Materia Medica*, we will see that such a large number of particular symptoms is aggravated by that remedy that it appears that the very patient himself is worse from motion.

Hence it will be seen that motion is a rubric that must show the extent of aggravation in relation to the general bodily state by general and particular, and it must be retained in the generals. Any rubric that modifies so many particulars that the very patient himself seems to be so modified must be classed as general. Many wonderful cures have been made from the use of Bœnnighausen and many wonderful failures have followed, and it is from the above cause. The new repertory is produced to show forth all the particulars, each symptom with the circumstance connected with it. It is in its infancy and may remain so very long, unless all who use it unite to preserve their experience in well kept records and furnish the author with such. The author is devoting his life to the growth and infilling and perfecting of this work, and begs that all true workers will co-operate by noting errors and omissions, and, above all, noting such modalities of particulars as have come from generals and been observed in cures.

[TO BE CONTINUED.]

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### CELLULITIS—GASTRITIS.

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Case has been confined to her bed off and on for two months. After an unusually long walk for her and in the rain, there was a decided aggravation of symptoms.

The surgeon who had performed the operation of opening an abscess of the fallopian tube upon a previous occasion, was called in and diagnosed it as a case of forming abscess. The delay of a week meant death—that ovaries and tubes should be removed. Upon an expressed objection to an operation, the patient was told to have any other doctor and get his opinion.

January 15, 1901.—The patient lay quiet, great fear of noises, jar of bed, etc; abdomen sensitive, especially right ovarian region; knees flexed; face flushed. Examination showed an immovable uterus, the whole region in a state of congestion. The bowels had not moved for three days and before that scarcely anything for a week. Patient had been given morphine and opium for some time for the pains. The rectum was compressed enough with inflammation without the assistance of opium to make a more difficult stool.

*Belladonna* did wonders for the patient,

The second day of my treatment of the case was characterized by an unfortunate condition caused by the patient varying my prescribed diet by the addition of a glass of milk, followed by some very tart pineapple, which produced an unusually aggravated case of gastritis. The retching in connection with the inflammation in the pelvis was painful for a time.

By the time the fatal week was up

there was a good appetite; bowels about normal; the pelvic inflammation reduced by half.

The patient had been treated in the routine way for a sub-acute enlargement of the uterus for a number of years. The enlargement the result of a miscarriage six years before. *Secale* has removed this condition.

Now, April 15, 1891, complete absence of symptoms.

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## Institutes of Medicine.

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### HOMŒOPATHY—SOME OF ITS TRUTHS.

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Nature's processes for maintaining health becomes the universal law of cure.

Health is measured by the amount of resistance exercised in nature's effort to throw off disease.

Susceptibility to disease depends upon a decreased resistance, and in proportion to the deficiency of such resistance susceptibility to disease increases.

Homœopathy accepts these general truths as self-evident and proceeds to treat the sick in harmony with these fundamental principles.

Nearly all the local expressions of pain and the disordered secretions of the body are expressions or results of this natural resistance.

A skin eruption, all catarrhal discharges from mucous orifices of the body, local inflammation and supuration are nature's efforts to eliminate from the body some enemy to health—a common result following this natural resistance to disease. Consequently when a patient appeals to the physician presenting a group of symptoms clearly indicating that this eliminating process is active there remains but one reasonable

course to pursue—To study carefully nature's process already established and proceed to reinforce this effort. This can be accomplished in one of two ways and generally by both combined.

*First.* Remove as far as possible all exciting causes which may exist, in faulty diet, unhygienic conditions and objectionable habits of the patient, etc. Correct these because they lessen the natural resistance to disease, hence interfere with the natural processes of elimination.

*Second.* Prescribe a medicine best indicated, in each individual case, to strengthen and support the natural resistance to disease and thus increase the process of elimination.

This is all the doctor can do in the case. If he does this well he will fill the highest ideal to which a physician can aspire.

This in a very important sense is the basic truth upon which Samuel Hahnemann, a century ago, founded the system of Homœopathy, which conforms to the "law of cure" enunciated by him that the *symptoms produced upon the healthy by a drug indicates the remedy that must*

*be selected for the cure* of those or similar symptoms in the sick.

A physician is a homœopath in practice and in fact only in proportion as he conforms to this great truth in his effort to cure the sick.

A great majority of the people misjudge the merits of homœopathy because there are those in the profession, calling themselves homœopathists, who do not recognize, or who disregard in their teaching and practice, this great truth.

The highest hope the patient can have to be restored to health rests upon this teaching exemplified in a consistent practice.

As the process of elimination is from center to periphery—from within outward the medicine calculated to do the most good must act in the same way in order to reinforce nature's effort. To attack a skin eruption by local measure, to dry up a catarrhal discharge from any orifice of the body by astringent application or injection, to palliate a pain or suppurative process by opiates or disinfectants is to directly antagonize nature's process of elimination. The result following such treatment is diminished resistance to disease, and while the patient may seem to be relieved it is only temporary and palliative. His complaints return, or are changed in form, only to recur again and again with more and greater complications. His resistance to acute sickness grows less and less while the constitutional condition falls into a chronic state and the patient's existence is burdened with

many complaints. All of this largely is traceable to the treatment and habits of the patient because antagonistic to nature's way of curing the sick.

Homœopathy as taught by Hahnemann and practiced by his true followers comes in at this point with light and hope by assisting in the re-establishment of the natural functions and processes of the life forces.

Is it any wonder that in this age of indiscriminate drugging, both by the laity and the profession, that there are sects, cults, and isms forbidding the use of all drugs?

Is it any wonder that many go from extreme drugging, when it produces so much sorrow, to the opposite extreme of no medicine, because the latter is surely the most safe and reasonable of the two?

Both of these positions are taken for the want of knowledge regarding the great and fundamental truths to which attention is being called by this discussion.

All that there is, of any practical use, in the healing of the sick, in "christian science," "osteopathy," so called divine healing, etc., wherein medicines are discarded, is included in the teaching and practice of *true homœopathy*. When the two extremes above mentioned come to a knowledge of the whole truth regarding the healing of the sick they will meet on common ground now occupied and represented by the true Homœopathist.

TO BE CONTINUED.

## Editorial.

### COMMENCEMENT WEEK—DUNHAM MEDICAL COLLEGE.

The beginning of the end of the College year is a period of great activity on the part of both faculty and students. It marks the cementing of ties which constitute the union between the mother and child, which should last throughout the natural life. During this period plans are formulated whereby the influence of the College may be augmented and the value of the certificate, which acknowledges the relationship between the graduate and the alma mater is increased. As a rule, the ceremonies attending the birth and baptism of the child are marked with impressive scenes in which all concerned seek ways whereby they may express their loyalty and devotion to each other.

Dunham Medical College has reached that period in her existence when she has something of value to bestow upon her children, and the class of 1901 was more demonstrative than any class preceding it. For an entire week receptions of various kinds filled the *interim* leading up to the grand culmination at the commencement banquet. It is not our purpose to record all the events of this memorable week, but to preserve such features as are of value to the readers of the ADVOCATE.

It is a matter of history that the beginning of the College year marked the union of the Post-graduate School of Homoeopathics, located in Philadelphia, with the Dunham Medical College, thereby bringing to this city Prof. James T. Kent, the founder of the Post-graduate School and, at present, Dean of the combined faculties; and Prof. Harvey Farrington, son of the author of "Farrington's Materia Medica." It did more than this, because it transferred to

Dunham Medical College the allegiance of the alumni of the Post-graduate School and its most influential supporters. As a result of this combination, over one hundred students were enrolled in the various classes of the College, of which eighteen completed the work of the senior class while three were engaged with the post-graduate studies.

A most remarkable tribute to the enthusiasm aroused by the work of the College is found in the fact that every student complied with the rigid requirements of the institution, and earned the honored certificate of merit from its board of trustees. Another fact, peculiar to this institution, and worthy of record, is the high social and literary character developed through the refining influences thrown about the students during the entire period of their College life. This may seem a matter of small import, but its far-reaching effects are made manifest even to the superficial observer, when he stops to think that the intimate relation of physician and patient demands the cultivation of all the elements of character brought out by such an environment. The effect of a different environment needs no comment.

Another fact that bears still stronger evidence of the importance of this home-like atmosphere is found in the fact that nearly every graduate of this institution is led by choice to select that most important specialty in the entire practice of medicine—the duties and responsibilities of the family physician.

Homoeopathy deals with the dynamic side of disease. The mechanical phase of medicine legitimately occupies a secondary or dependent place in the

natural treatment of disease. At the same time, all mechanical causes must be ascertained and removed before the dynamic picture can be determined. It is, therefore, of prime importance that the student should be taught the difference between relief from temporary disturbances and the cure whereby the tendency to the return of this disturbance is overcome.

Co-educational institutions tend to the preservation of a proper balance between the two extremes, consequently develops an atmosphere favorable to the investigation of the relative value of both the mechanical and dynamic factors in the treatment of the sick. It must not be inferred that the mechanical side of medicine is ignored in this institution, because a study of its curriculum will show that nearly one-half of the time during the last two years is assigned to the study of mechanical procedure, which stands out in marked contrast

with the undue prominence given to the mechanical aspect in the great majority of our medical institutions. In other words, the faculty of Dunham Medical College believe that cause for all disease manifestations, except such as arise from mechanical sources, is developed through a primary derangement of the vital forces, and are united in teaching the profound difference between a simple *recovery* from the *immediate* effects of disturbance of the *functional* activities of the body and a *cure*, or removal of the *susceptibility* whereby disturbance is made easy. *Mechanical* means is limited to the *removal* of *effects* leaving the fundamental cause undisturbed.

A careful analysis of the sentiments expressed by the various contributors to this number of the ADVOCATE may lead to a better appreciation of the high ideals fostered by the spirit of *pure* Homœopathy.

PIERSON.

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#### LAW VS. EMPIRICISM.

The followers of Hahnemann have based their acts upon *law* and upon that law have built up a system of practice, and they have opposed all inroads made by empiricism or mere experience.

Now comes many pretenders in our midst, springing up to offer their cures and their experiences. They offer no law and no pretensions to any law, but mere empiricism. Mental suggestion, Osteopathy, Divine healing, Christian science, are all offered as powers of healing, but no law comes before, with or after, to show that God has ordained a new dispensation. There is no fact in history to show that God ever did away with a *law* he had ordained. He came "not to do away with law, but to fulfill all righteousness."

Oh, for a man who will try to practice the art of healing by the law of

Similar, and not profane it by mingling its principles and doctrines with the empiricism of Suggestion, Divine healing, Osteopathy or traditional medicine. If our system of practice could be delivered from the professed Homœopaths who profane by such mixing the methods and practice that are purely theoretical and imaginary we would rest on a substantial foundation.

The Osteopath comes to us and offers his cures. He has no law, no order—*just cures*.

By mental suggestion we are told behold our cures. *No law* to base them on but "experience."

The fight of Hahnemann was against the medicine of *experience*. He founded a system of medicine based upon *law* and all our successes have been in this line. Let us not now depart from this



plan; let us see to it that what we do and what we think are founded upon *law*. Let us admit no methods into our work not founded upon law. If we admit that cures can be made by any one of these pretenders where shall it end? Each offers its cures and appeals to *experience*. If we admit that Suggestion cures we must cease to war on traditional medicine, lay down the standard and become simply DOCTORS, ready and willing to do anything and become anything because of the mighty whirl of experience. He who is in the true light of Homœopathic truth will be able to perceive that all these pretenses are simply nothing; their cures are not cures, simply appearances that are cunningly formed to deceive the simple and such as have not been instructed in law and truth and doctrines therefrom. Our law is of *Divine order*, and the only law of divine healing ever given to man. Our safety lies in being so conversant with our doctrines that we may see the falsity of appearances.

The law of Similars is sufficient for all curable sickness of man and animal.

Our first duty is to examine our methods and acts, to ascertain if there be anything in them not justified by law, to see if there be anything having the appearance of empiricism. After we have removed all empirical methods from our practice we shall be on safe ground and can endure the darts hurled by all enemies. But if we are tinctured in mind and practice with Osteopathy, Divine healing, Mental suggestion or traditional medicine, what right have we

to claim a system of practice, much less to call it Homœopathy. If we are Homœopaths we are such because we practice according to the law of Similars. So long as we make law the basis of all our actions in practice we make our practice *positive* as to action and results. Any departure from law makes indefinite practice and indefinite results. All who believe that the law of Similars is the law of cure to be consistent must demand of all who present cures to show that recoveries are cures.

It is so easy to believe that recoveries are cures. I have seen many *recoveries* under Christian science which Christian scientists called *cures*, but to me they were not cures. The cures did not conform to our Homœopathic tests. The Homœopath accepts no cures that do not confirm the law by curing symptoms such as the drug used has been known to cause on healthy man, and in addition thereto the recovery is *from within out* and *from above downward*, and in the *reverse* order of the symptom. Now if it claimed that Suggestion has power to cure it should be stated also that if it cures, it does so by removing symptoms like unto those; which it can or has produced it then could be used on sick people and would by its cures confirm the law of Similars, but until such a confirmation comes to our view it must be relegated to empiricism. It seems strange that some of our old Homœopaths have been lauding such methods without offering the confirmation required by the Homœopathic art and science.

KENT.

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#### NOSODES.

It was supposed by the most of our representative men that "nosode" practice would end with the death of Swan, but it seems to remain among us. The practice of giving the nosode because it

was a product of the same disease is far from the idea of Homœopathic truth. It is not Homœopathy to give *Psorinum* to a given patient because it is admitted that the whole human race is psoric. It

is Homœopathy if that patient presents symptoms like those found in the proving and among confirmed clinical symptoms. To give *Tuberculinum* because there is a history of tuberculosis or because there are present signs of tuberculosis is far from sound practice, and the patient is entitled to safer treatment. Some recoveries undoubtedly are observed under this loose practice, but only the lucky hits are reported. The many failures are unknown to us. If we would make progress we must adhere to the law of selection and cease to follow pathological notions. Some are using nosodes and teaching others to do so and teaching that it is Homœopathy to do so, only so that the remedy is given very high.

Many of these fads have come and gone. We hear no more of them. New things are coming up constantly. There is a tendency to mingle our sound and safe doctrines with all the theories and whims of passing interest! On one hand we are told we must administer the medicine at a certain time of the moon, as though we could wait with our declining patient before us until the moon is in just the right quarter. *What stuff!* Or we must ascertain the position and condition of the planets, or work out a horoscope of our patient after the form of astrology, and thus ascertain his temperament in order to classify the *materia medica*, so as not to misfit it to his constitution. It is astonishing that some physicians can imagine pathology in these physiological classifications of the

human race called temperaments.

The natural divisions of natural man have been made, and properly, too, for certain kinds of interesting and useful study, but these can never rank as symptoms upon which to base a prescription, as they are not elements of sick conditions. We cannot produce temperaments by drugs—we do not cure them by prescribing for the sick. The basis of a prescription is the *totality of the symptoms*. The totality of the symptoms in any and all cases must be a likeness of the pathogenesis. It is a perversion of the whole Homœopathic doctrine to give more than a passing notice to temperaments. It is known that certain temperaments prove certain drugs better than others, but it is not true that these temperaments are any better subjects to be cured by the same drugs when they are sick.

The changes that have occurred in any given constitution known by signs and symptoms must form the basis for a curative remedy. Not the natural state. Our Homœopathy is too noble a science to be held up to ridicule in this way. There is enough that is settled and substantial to occupy the best minds without creating departures, confusions, doubt and destruction.

If all one's time is devoted to finding the most similar remedy for all patients that apply for advice and the old lines are strictly followed patiently, a measure of success that should satisfy will follow.

KENT.

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### ORTHODOXY IN SCIENCE.

Dr. Clarke, of the *Homœopathic World*, strikes the "key-note" of this entire discussion in his editorial entitled, "Dr. Dudgeon and the Hospital."

He says:

Apparently our contemporary does not know

the difference between *doing* a thing and *acknowledging the doing of it*. The "rationalists" may adopt Homœopathic remedies and Homœopathic methods wholesale (as they do in vaccination and all the anti-toxin treatments), but this shows no leaning to Homœopathy—quite the contrary! If they were to *acknowledge* Homœo-

opathy in the methods they adopt that would be a different matter. It is *words* that count, not acts. Until our friends wake up and shake themselves free from the tyranny of words that hold them in its grip, they may wish to be liberal with all their little might, they will continue to be persecutors all the same. The complete absurdity of there being such a thing as *orthodoxy* in *science* does not seem to strike them. The only business of *science* is to find out that which is, in contradistinction to that which *seems to be*, and to pursue its end entirely regardless of anything that anybody or any number of bodies may *think about it*. The very notion of "orthodoxy" is supremely ridiculous in regard to any subject. The only right way of thinking about anything is to think of it as it actually *is*, and no amount of thinking it otherwise will alter the fact. When all the world were united in thinking that the earth stood still and the sun revolved round it, this orthodox thought exerted no influence over the fact.

The true student is a *patient* investigator. He is *willing* to consider anything or everything that may have a bearing upon the subject under investi-

gation, but you seldom find in him the enthusiast or the bigot.

He withholds condemnation and is non-committal during investigation, but is ready to demonstrate *after* the solution has been reached. You seldom find the student in the arena or on the forum, but in his place stands the man who has appropriated the thoughts of others without stopping to test the same for himself. The agitator occupies an important position in the domain of science, but his word carries little weight in and of itself.

Hahnemann was a true scientist and we find him plodding along for years before his theories were given to the world, and even after his sword was his pen and the battle-ground the confines of his library or laboratory where the demonstration could be made.

PIERSON.

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#### A COOK COUNTY CLINIC.

May 9th Prof. Duncan held a clinic that was rather unique. There were present members of the Illinois Homœopathic Medical Association as well as students and physicians attending the Post graduate School. Seven chest cases were examined by all. His multiple stethoscope, where twelve persons can listen at once, was a surprise and a delight. One case was a hemoptysis due to mitral stenosis; another with insufficiency of tricuspid and pulmonary valves; another had only one competent valve—mitral, aortic and tricuspid failed to close properly. This weak water hammer pulse was contrasted with a case of aortic insufficiency where the left ventricle was hypertrophied and the

arteries schrotic. An advanced case of interstitial nephritis with hypertrophied and dilated heart with mitral incompetence, was contrasted with a case of similar heart where the hypertrophied (cirrhosis) liver brought out the difference in pulse of kidney and liver cases. A hæmplegic case was used to illustrate the effect of cerebral (nervous) obstruction upon the heart and circulation.

The attending physicians were delighted and begged him to hold a clinic next week, when Prof. Osler, of Baltimore, would be present. They seemed to relish the many therapeutic hints according to similia, the different cases brought out, as well as the diagnostic instruction afforded.

## EDITOR'S TABLE.

Dr. Grant Houston, of Joliet, has been severely ill.

Dr. E. H. Linnell has opened a private hospital in Norwich, Conn.

Dr. George Parker Holden has moved from Kingston to Yonkers, N. Y.

Dr. B. F. Bailey, of Lincoln, Neb., was a Chicago visitor the latter part of April.

J. Pierpont Morgan gave \$10,000 to the hospital of Aix-les-Bains, France, recently.

Dr. Nellie Flint has returned from South America and is now located at Austin, Ill.

Dr. Blackwood is now a member of the consulting staff of the Cook County Hospital.

Aberdeen, Mo., will be the future address of Dr. Robert Carr Block, formerly of St. Louis.

Dr. Margaret Johnson has removed from Ohio to 308 E. Boone avenue, Spokane, Wash.

Number 31 Massachusetts avenue, Boston, is the present address of Dr. Amelia Burroughs.

Dr. Sarah B. Duncan has removed from 7827 Vincennes avenue to 7850 Low avenue, this city.

Since his return from California, Dr. E. H. Lane has opened offices at 4300 Cottage Grove avenue.

The Southern Homoeopathic Medical College, of Baltimore, held its commencement exercises May 6.

Otho, Webster Co., Iowa, is Dr. George D. Hart's new address, he having removed from Kalo.

The Pan-American Exposition has an emergency hospital, equipped in first-class style with all the latest appliances. It is located at the west end of the Mall.

Dr. G. H. Carey, late of Bloomington, Ill., will hereafter practice his specialties in Merrill, Wis.

The Colorado Homoeopathic Medical Society will hold its annual meeting at Canon City, June 6, 7 and 8.

The next session of the Wisconsin State Homoeopathic Society will be in Milwaukee June 26 and 27.

On June 26 all the medical societies of Wisconsin will meet at Waukesha to discuss state medical control.

On April 17 Miss Cora McCormick, a Homoeopathic nurse, was married to Mr. Richard W. Bates, of this city.

The Central Illinois Homoeopathic Medical Association concluded its fifteenth session at Pontiac with a banquet.

Dr. Dean T. Smith, of Jackson, Mich., is now the head of the surgical department of the Ann Arbor Homoeopathic College.

Dr. Edwin S. Munson, 16 West Forty-fifth street, New York City, was married May 1 to Miss Edna May Reese, of Yonkers, N. Y.

The Iowa State Board of Health has been strengthened by the appointment of Dr. A. M. Linn, of Des Moines, as one of its members.

Dr. Miles M. Rorabacher, one of the organizers of the Homoeopathic Society of Michigan, died at his home in Grand Rapids March 11, aged 65 years.

Dr. W. R. Welch, of Cherokee, Ia., sailed for Europe the twenty seventh of last month to study surgery in Berlin and Vienna during the summer.

The last session of the New Jersey legislature appropriated money for the purchase of a site and the erection of a home for the insane, the same to be under Homoeopathic management.

The health department of Washington reports an alarming increase of insanity in that city, reporting 400 cases within a year.

Over two hundred candidates for license to practice presented themselves for examination at the last meeting of the Illinois State Board.

Forty cases of typhoid are reported from Beaver, Pa., the prevalency amounting to an epidemic. Children are the most numerous victims.

Dr. A. C. Tenney, of Mount Vernon, Iowa, will inform those interested of several good openings in his state for Homoeopathic physicians.

One of St. Louis' popular Homoeopaths, Dr. L. C. McElwee, has moved into his elegant home, recently purchased, at 1221 North Grand avenue.

State aid in the treatment of the consumption cure may become an assured fact through the efforts of the Pennsylvania Society for the Prevention of Tuberculosis.

On May 7 George C. McDermott, a leading Homoeopathic oculist of Cincinnati, died of Bright's disease. He was for fifteen years connected with the Pulte Medical College.

Dr. Kraft, editor of the *American Homoeopathist*, of Cleveland, Ohio, will pilot a small party of congenial spirits through Europe this summer, at a small outlay to all concerned.

Dr. Matthews has accepted a place on the faculty of the medical school of the University of Chicago. He was formerly professor of physiologic chemistry of the Harvard Medical School.

The next meeting of the Western Ophthalmologic and Oto-Laryngologic Association will be held in Chicago April 11 and 12 next year. Dr. W. S. Ballenger, of this city, is secretary.

The position on the Committee on Revising Pharmacopoeia made vacant by the death of Henry M. Smith, M. D., has been filled by the appointment of Dr. Charles Mohr, of Philadelphia.

Dr. Henry W. Westover, of St. Joseph, delivered a eulogy on the life and services of the late Dr. H. M. Smith at the meeting of the Missouri Institute of Homoeopathy, at Kansas City, April 16 18.

Only ten out of fifty-three applicants passed the examination held by the Missouri State Medical Board at St. Louis. After June 18 only those who pass this examination can practice in that state.

Dr. W. D. Gorton, of Austin, Texas, is enthusiastic in praise of his state as a good place for Homoeopaths, the compensation being liberal and prejudice against northerners and Homoeopaths *nil*.

One hundred and nine members attended the thirty-seventh annual meeting of the Ohio Homoeopathic Medical Society, at Columbus, May 14 and 15. Next meeting will be held at the capitol, May 13 and 14, 1902.

Alice J. Patterson had her name changed twice in one day. Hahnemann Medical College gave her the right to add M. D. to her cognomen. Later in the same day, with the aid of an ordained minister of the gospel, Mr. Arthur Carpenter compelled her to drop her surname altogether and accept his. The happy couple will reside at Elkader, Iowa.

A warm invitation is extended to all to attend the third annual meeting of the American Hahnemannian Association, at Niagara Falls, Canadian side, (Hotel Lafayette, terms \$3.00 per day), June 18 to 21, inclusive. An excellent program has been arranged and the meeting will be one of great interest to all Hahnemannians. S. MARY IVES, Sec'y.

By the death of Dr. James Compton Burnett, London loses one of her most famous physicians and Homœopathy an able exponent. Like too many other men prominent in all walks of life, Dr. Burnett shortened his life by excessive devotion to the absorbing passion of his life, his profession.

Dr. Wm. S. Ray, in his report upon the hospital for the insane at Fulton, Mo., says that the entire institution is in better shape since under Homœopathic management than ever before. Notwithstanding this fact, the "stand-stills" petitioned the governor to have the present management deposed, but without avail.

According to figures compiled by the *American Grocer*, wine drinking is decreasing and beer drinking increasing. Eighty-six per cent. in value of home-consumed beverages is alcoholic, the remaining fourteen per cent. being spent for coffee, tea, cocoa, etc. Taken as a whole, the amount of alcoholic drinks consumed has decreased.

The thirty-seventh annual meeting of the Homœopathic Medical Society of Ohio was a very successful affair. The papers were of an unusually high order; some in particular showing the result of years of careful and discriminating study along special lines. Dr. J. W. Means, of Troy, Ohio, is to be again congratulated upon the success attending his administration. The president-elect is Dr. Thomas W. Stewart, of Cincinnati, O.; first vice-president, Dr. G. D. Grant, Springfield, O.; second vice-president, Dr. J. P. Hurshberger, Lancaster, O.; secretary, Dr. A. B. Nelles, Columbus, O.; treasurer, Dr. T. T. Church, Salem, O.; necrologist, Dr. D. H. Beckwith, Cleveland, O. The next meeting of the Homœopathic physicians of Ohio will occur in Columbus, May 18-14, 102,9 and those most interested will not be allowed to forget time or place, or where, or when.

The 46th session of the Illinois Homœopathic Medical Association was one of the best. The papers were able and the discussions valuable. The amount of crude prescribing and poly-pharmacy that was flaunted before the society is sad to relate. Most of it we are glad to say was attributed to ignorance of anything better. When a physician does not know, he is excusable. But where the treatment was defended shows a lack of the teachable spirit that makes good physicians. Is it necessary to begin the treatment of typhoid with hydrargyrum 4 grs. because the bowels are constipated? Should not the attention of the physician be given rather to the fever and all its attendant symptoms? Nature locks up the bowels on purpose. Is it necessary to give mercury (crude) in convulsions of children? We believe not. The experience of our readers will witness against it. Is the best remedy for cardiac dropsy the old allopathic prescription of digitalis, squills, et al.? We learn not. Select the similar remedy and in the front rank stands *Apis* (*Apium virus 2x triticum* has been very efficient.) This drug in this form was introduced into the profession by Dr. Craig. There were other things said and done that we shall notice later. The attendance was good, but from below the centre of the state there were few present. The banquet was a pleasant innovation that may prove attractive to distant members. The officers selected promise better things for next year. Dr. E. H. Pratt, Chicago, president; Dr. O. B. Blackman, Dixon, vice-president; Dr. N. Starr, Charleston, 2nd vice president; Dr. E. J. George, Chicago, secretary; Dr. A. B. Brown, Chicago, recording secretary; Dr. F. E. Downey, Clinton, treasurer. Censors—Drs. C. E. Caldwell, Aurora; K. F. Graves and E. C. Sweet, Chicago. The Masonic Temple made a pleasant meeting place.

# The Hahnemannian Advocate

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No. 6

## Materia Medica.

### INTRODUCTORY TO BUREAU OF MATERIA MEDICA.\*

M. E. DOUGLASS, M. D., BALTIMORE, MD.

*Mr. President.* I have to report no startling discoveries; no booms in Materia Medica, but a steady, healthy progress.

The journals are publishing more articles on drug action, and as they usually publish those articles sent them, it would indicate that the profession at large is awakening to the importance of keeping our materia medica to the front.

Already there is a healthy awakening from the spell of the pharmacists, patent compound remedies, in our school, and even in that of our allopathic brethren. There is evidently a disposition to drop the anti-this and anti-that, so extensively and persistently advertised, and instead thereof adopting the healthier and vastly more satisfactory plan of studying up the indicated remedy.

In our colleges, there is an advancement. In our own college Materia Medica is taught during the entire four years of the course.

Physiological Materia Medica is taught to the first and second year students, and the finer shades of our drugs, with comparisons, and illustrative cases are taught by a master of Materia Medica, to the third and fourth year classes.

Every pains is taken to give our stu-

dents a thorough knowledge of the action of our drugs.

Not long since a voluble drummer for a patent compound medicine paid me a friendly call, for the purpose of bringing to my attention a certain preparation; he would take but a moment of my most valuable time, etc., etc.—you all know how the story runs.

Without pausing for my consent, he began immediately and effusively to “speak his little piece.”

As soon as I could get in a word I politely informed him that I belonged to the homœopathic school, consequently had no need for his compound preparations. At this he dove into his valise, and produced from its mysterious pockets, and handed me, with an air of “I’ll fix you” on his smiling face, a small pamphlet, wherein were letters from twelve homœopathic physicians, heartily endorsing his particular preparation, at the same time remarking, “as many homœopaths as allopaths use this valuable preparation.”

In reply to my question he admitted that he kept this particular pamphlet to show homœopaths only. Some of the names attached to these letters, are well known in our school.

Read before Maryland Homœopathic Society.\*

He insisted upon leaving a complimentary sample; as he went out of the front door, the sample went out of the back window, and the homœopathic endorsements into the waste basket.

A few new drugs have been proven by members of our school, some old ones reproven, and quite a number of verifications have been published during the past twelve months; in the same space of time four new and valuable works on *Materia Medica* have been published and placed upon the market.

If each physician present would, once in every three months, send to Dr. Chandler for publication in "The American Medical Monthly" a short article of from two to four pages in length, upon some remedy—either a report of cases tested, verifications made, new symptoms noticed or relieved while using the drug, or symptoms not relieved by certain drugs whose symptoms are recorded in that drugs pathogenesis, giving reasons for failure or success—a two-fold object would be accomplished. It would broaden, and help the author in a remarkable degree; it would help to awaken in others an interest in that branch of medical science which is, in reality, the very back-bone of that system which has adopted for its motto "*Similia Similibus Curanter*;" it would serve to stimulate other laggard physicians to "go and do likewise;" besides it would gladden the heart and lighten the labors of our hard-worked, valient, and faithful editor; and lastly, and more selfishly, there would be fewer calls for "copy" upon the comparatively few who now write for our journals.

I have been both surprised and pained

since I was appointed chairman of this bureau at the lack of interest manifested by the profession at large in *Materia Medica*.

Out of over fifty requests for a paper for this bureau, sent to an equal number of homœopathic physicians, I have received but three replies.

There is not a physician present who is not thoroughly competent to write an interesting paper upon some theme pertaining to the science of medicine, as viewed by the homœopathic eye.

Now pardon me, Mr. President, for making a suggestion to this meeting. When you get home from this two or three days vacation, sit you down at your desk and write *something* for our next annual meeting—report some case, expand some thought or idea that has occurred to you during your attendance at this session, or anything else that suggest itself to you; some experience occurring in your daily round that interested you at the time—it will interest the rest of us.

Then just as soon as the chairman of the different bureaus are appointed, write to that bureau to which your paper would properly belong—tell him you have a paper for his bureau, giving title and outline, and suggest whom you would prefer to open the discussion of your paper. The chairman will heartily thank you—if he does not, he don't desire any help.

Once a month read over your paper, make corrections and additions and eliminations, and next May we will have a meeting long to be remembered, kindly appreciated, and thoroughly enjoyed by all.



## KALI-IODIDE.\*

JULIA C. LOOS, M. D., H. M., HARRISBURG, PA.

This is a deep-acting remedy, analogous to advanced stages of the two chronic miasms, psora and syphilis. It brings forth definite tissue changes, gross results, quite different from some of our short-acting remedies that are more marked by merely functional disturbance. For this reason (its effects on the tissues) it belongs to that class of remedies whose place is often usurped by specialist's local treatment and surgical interference.

Corresponding closely to the effects syphilis and mercurialization it has been abused in such cases when not similar enough to the patient to cure, but only sufficiently similar to suppress partial manifestations, impressing upon the economy its own effects in addition.

One most characteristic feature of the Kali-iodide patient is his desire to walk. Aconite, apis, arsenicum, camphor, cham., ferrum, kali-iodide, pulsatilla, rhus tox., stramonium all want to walk about, but each has its own peculiar reason. In kali-iodide walking continually is restful. He takes long walks without fatigue, but to rest is not only tiresome but aggravates his complaints. So long as he walks he feels better and does not grow weary. Most of his complaints are better in the open air—he desires open air with nearly all his ailments, hence walking in the open air for miles gives the greatest relief.

Ordinarily he is a warm-blooded patient, wants to get where it is cool, throws off the covers and gets out doors in the cool air. Internally he is cold. No matter what his complaints, he will always be worse at night, bone pains worse at night—calls to mind syphilis, which this remedy strongly resembles.

Like syphilis and mercury it attacks

the mucous membranes, glands and periosteum and the patient complains of catarrh, rheumatism and glandular swelling and suppuration. There is violent nasal catarrh; profuse discharge of clear watery acrid mucus or more frequently thick, greenish-yellow discharge, soreness of nose, severe pain at root of nose causing much suffering. Every cold increases the catarrh which may involve the frontal sinus and antrum. Severe profuse yellow-green discharge, always worse in the open air, just contrary to most of his complaints. For his general state he wants the open air, but with his coryza he has more trouble in open air. Such advanced catarrh as goes deeply into the tissues and destroys the bones of the nose will be checked by this remedy if the whole patient corresponds. In the throat is much trouble; pains at root of tongue, sore throat extending to whole pharynx, larynx and air passages; inflammation with ulceration; deeply perforating ulcers in syphilis or abuse of mercury. When mercury is given repeatedly for sore throat, allaying the present attack but giving no protection against repetitions, when there is a long series of sore throat and mercury and more mercury the medicine is not curative, but makes the patient more susceptible and the more he takes the more easily does he take cold. Such cases become mercurialized and must have an antidote, usually hepar, sulphur or kali-iodide. If he becomes cold and shivery, cannot get warm, hepar will be of service; if he is a hot-blooded fellow, throwing off the covers, etc., this remedy, kali-iodide, will antidote the mercury and help to cure his catarrhal state. No local treatment will be needed, nor should be per-

\*Read before the Goodno Homoeopathic Society, Pa.

mitted. In syphilis and mercurial eye troubles, where there is inflammation and ulceration with yellow-green purulent discharge, puffy conjunctiva, lids swollen so it is difficult to open them, sensation of sand in eyes, with the other symptoms agreeing. Kali-iodide will clear the eyes in a short time and help the patient greatly. It is not necessary to let the inflammation go on, use atropine for the iris and wait. Even syphilis iritis will disappear under properly selected remedies without causing perforations. Under curative influences the last symptom to appear is the first to go and as this is the last symptom where the patient is under treatment for it, it will be the first to leave under administration of the Homœopathic remedy, whether it be kali-iodide, staphisagria, nitric acid or some other of the dozen remedies which are capable of producing such states. Chemosis with purulent secretion belongs to this remedy also, conjunctiva puffing out in little sacs.

All discharges from the kali-iodide patient present a greenish tinge from eyes, nose, ears, throat, chest; leucorrhœa and gonorrhœal discharges without pain are thick green or yellow green, often acrid, often offensive. When glands suppurate or there is necrosis of bone there is the same kind of discharge. Any of the glands may be involved, growing hard, enlarged, tumid, sometimes suppurating. Buboës and thyroid enlargements, inflammation of testicles have been cured with kali-iodide when symptoms agree.

There is much gouty and rheumatic manifestation, periosteal rheumatism with swollen joints. The patient suffers from warmth, seeks cool places, is restless and wants to walk about, keeping quiet makes him tired and makes his pains worse. There is a harshness of temper, irritability and sometimes weeping.

Under similar rheumatic states rhus also will walk with relief to pain, but rhus is cold and soon gets tired from walking. He cannot stand the exertion.

In the head we find bi-parietal pains like syphilis; < night, < warmth, > motion; crushing bursting pains; sharp cutting pains in scalp, in temples and eyes; nodular eruptions on the scalp; severe catarrhal headaches; hydrocephalic headache; bursting, sharp pains; > motion; when too weak to walk keeps the head moving to relieve pain.

On the face are tubercle like eruptions, edges turning out, discharging yellow-green exudation. Such trouble and glandular swellings come on sometimes from use of Hood's sarsaparilla, in which kali-iodide in crude form is the most active ingredient. Such patients sometimes may be cured by kali iodide in high potency. It represents a susceptibility which gives poisoning from the crude substance but cure from the potentized drug. When one group of symptoms disappears and another group belonging to the same remedy comes out the effect is suppression, not cure. When syphilitic patients are dosed with kali-iodide and one set of symptoms takes the place of the original, it is not the remedy that the patient needs and will do more harm than good if continued.

Many symptoms of other parts are found in the kali-iodide patient; stomach trouble with the exceptional aggravation from cold food and desire for warm drinks. The general state will be found in them all > walking, > open air, usually, < coryza and catarrh in open air, usually < warmth but desire for warm food, < night, greenish discharges and complaints of mucous membranes, periosteum and glands. The following case is representative of its depth of action.

February 20. Mr. H. G. A man of

short stature, brown curly hair, light brown eyes, sickly countenance.

Four weeks ago, between first and second metacarpal bones of right hand, a small "pimple" appeared on the dorsal surface. This grew more sore and larger and he used "rosin salve" on it. It continued to grow worse and was opened ten days after its first appearance, discharging dark blood and a greenish yellow core. Five days ago a similar development began on first section of middle finger of same hand, hard swelling, dull red color. This has been painful four or five days.

Pricking pain in hand, up right arm and through right side of body.

< at night, preventing sleep.

< warm water and being wrapped.

Has had numerous boils since boyhood, usually on hand; once in the ear, once on shoulder blade.

Restless.

Cold—chilled on going from one temperature to another.

< night.

> warm room.

Eruption dull red spots on forehead.

Erysipelas twelve years ago, with boil at one—corner of upper lip.

Nausea when has much pain.

Sleeps usually well, has had little headache, one severe spell from a blow on the head.

Has used five doses *Silicea* 6x, but complains of tingling all over skin since using it.

The case seemed to present a *silicea* picture and that remedy was given in much higher potency. But the case progressed in the wrong direction. Study of the case with repertory two days later resulted in the conclusion that *Mercury* was better indicated, so a dose of *Hepar sul.* was given as an intermediate and this, followed after twelve hours, by *Mercury sol.* 6m.

The report the following day was not

encouraging.

The hand had continued to grow worse, was swollen and puffy over the entire back of hand and middle finger and numb about the sore.

Sensitive to light touch when most painful.

Pain severe, at times pulsating.

Pain extending up arm to head.

Head constantly rolling from side to side to ease the pain through temples and occiput; felt as if would go crazy with the bursting pain.

Skin itching < about trunk, changing place.

Scratching causes burning soreness—very marked in feet on standing.

Feet hot; fullness when standing.

Nausea from pain.

< night; restless, turning about in bed.

Pains paroxysmal, internals between spells allow no rest.

There he lay in bed with a dark flushed face, dull apathetic expression and beseeching look from the eyes; rolling the head from side to side without ceasing, because the pain was worse as soon as head was quiet. It seemed as though it must make him dizzy.

Hand presented an ugly appearance, was reported as full of bursting, pulsating pain, extending up arm, though nothing could be seen there.

Left hand kept constantly moving, fingering bed clothes.

Stomach pressure as if all drawn together in the epigastrium.

Tongue coated white; marked by teeth.

Chilliness occasional, yet feels hot—blood feels hot inside.

Temperature 100, pulse 80; full and hard.

February 23. In forty-five minutes pain in head a little easier, though he feared it would be just as bad

again increasing as it had done before.

*Kali-iodide*<sup>10m</sup>

February 24. Much improved.

Had an easy night, though slept little until this morning.

There is almost no pain now, though there were two or three spells of severe pain for few minutes through the night.

Finger free discharge last night.

Stomach comfortable, no more drawing.

Itching spells occasionally.

With them throbbing in head returns, but lasts shorter time than yesterday.

Eyes—sensation as though something in the eyes about 5 a. m.

> after sleep.

Years ago had purulent conjunctivitis with this feeling.

March 3rd. One week from time of remedy's administration reported feeling "A No. 1."

Hand was healing finely.

All swelling gone.

Slight tingling occasionally.

Itching spells occasionally.

All other symptoms gone.

On 25th had sore throat during the night and early morning. Had not had sore throat for ten years.

This was not a surgical case; the man was sick from within. It would have been a great temptation to a mere surgeon to slit open that hand and scrape it to the bone in five minutes and then dress it with anti-septics, but the patient would have been as sick as ever. If any other evidence was needed that the remedy had turned the patient into order and helped him heal the hand, the corroboration came in the unmistakable "return of old symptoms," the pain in the eye and sore throat, which passed off as quietly as they appeared, while the patient confessed he felt better than he had for a long time. Later he reported that he did not need to use his glasses for close work since he had the medicine.

### BACKACHE REMEDIES.\*

A. P. STAUFFER, M. D., HAGERSTOWN, MD.

#### Sulphur.

*Sulphur* is the stoop-shouldered remedy. The subject cannot stand; he is uncomfortable. The sore, bruised pain, as if sprained, is chiefly in coccyx. The pain is violent. If from any cause the subject must bend over the ordeal is agonizing, and when attempting to arise or straighten up the torture is no less severe. Changeable weather, like *Rhus tox.*, aggravates the trouble, but in mild, dry weather the patient is sailing on placid seas, because he is comfortable.

#### Belladonna.

This is the remedy for plethora. The belladonna subject is usually a happy creature when well, but violent when

sick. The pain comes and goes quickly like *kali b.*, and is so severe that the back feels as though it would break. The pain is in the small of the back, of congestive type. The feeling as though the back would break is characteristic of *Aloe*, *Cinchona*, *Kali carb.*, *Natrum mur.*, *Nux vomica*, and *Platina*.

#### Dulcamara.

*Dulcamara* is a cold weather remedy. The intense aggravation during cold weather and cold air is highly characteristic. There is stiffness in back and pain worse on awakening in morning, like *Petroleum* and *Ruta*. Pain in small of back, as after stooping a long time. The symptoms are relieved by moving

\*Read before the Maryland Homœopathic Society.

about. There is a similarity to *Dulcamare* in *Rhododendron*, the pains of which are worse from dry, cold air and approach of storms, however.

#### **Nux Vomica.**

The lumbar region is the seat of pain and is always worse at night by lying. The patient might as well try to pull the stars from heaven as to try to turn in bed without first sitting up and resting body on hands. It is suitable in old sinners, debauchers and those who indulge in excessive revelry and onanism. It suits the irritable, sensitive subject, whose quarrelsomeness is provoked by the least ripple. Motion and touch bring up the fiend of anger, because they aggravate the pain.

#### **Bryonia Alba.**

*Bryonia* patients are quiet ones. The pain is chiefly in the lumbar region, aggravated by being stretched out and motion, but relieved by bending body forward and keeping quiet. The pain is a bruised pain, like *Arnica* or *Arsenicum*, but only felt while lying on it.

#### **Calcarea Fluorica.**

This is a tissue remedy and does good work when *Rhus* fails, or completes the cure after *Rhus* has spent its force. The pain is in lower part of back, of congestive type, with burning (*Phosphorus* has burning between shoulder) so has *Lycopodium*, only it is burning like coals of fire. Pain is aggravated on beginning to move, but after moving patient goes on rejoicing because it ameliorates. *Rhus* and *Ruta* are similar in this respect. *Anacardium* also has pain on beginning to move, but curses like the demons of perdition characterize this drug.

#### **Antimonium Tartaricum.**

This is the routine remedy to some who care not for symptomatology, or less for Homœopathy. When the characteristic symptoms are present it is a

weapon of mercy as well as of cure. The sacro-lumbar region is the seat of pain. Should the patient make the slightest effort to move, retching and a cold, clammy sweat is superinduced. Back is weak, but sitting up and eating ameliorates, while damp weather and change of weather are unwelcome conditions, because they aggravate.

#### **Rhus Toxicodendron.**

The key-note of this drug is pain as if back is broken. The pain is aggravated at beginning of motion, but relieved by continued motion, change of position, wrapping warmly, heat, lying on fists, or by hard pressure, similar to *Natrum mur*. The night is a terror to the *Rhus* patient. There is no rest; must, like the owl, stay awake at night, not to secure provender, but to seek ease. It is suitable for strains, for those who work hard and whose symptoms are intensified in damp weather. There is sudden loss of power in muscles of back and like the chained ox, cannot move.

#### **Sepia.**

This is the remedy for females who suffer with interim complaints. The pain is of an aching and tearing character, extending to thighs and legs; relieved by motion. The pains of remote parts settle in back. The pain is always relieved by heat of bed or heat and aggravated by cold air and sultry weather. *Sepia* patients are sad and weeping and indifferent. Storms may come, thunders may roll and lightning flash, they are indifferent still.

#### **Arnica.**

*Arnica* is suitable for those who overwork, who take long walks or overexertion. The bruised, sore pain takes in the whole back. The middle of the spinal column is very sore, as if too sore to carry body. The bruised sensation is like *Arsenicum*, *Bryonia*, *Rhus tox.* and *Sulphur*, but it differs with them

in one particular. Bed is too hard, must change often to find softer place. *Arnica* patients want you to stay away from them; not that they dislike you, but for fear of being touched or that the bed may be jarred, both of which aggravate.

#### **Aesculus Hippocastanum.**

This remedy is suitable for those who suffer with hæmorrhoids. The pain is dull; back gives out, especially during pregnancy, which compels patient to lie or sit down for comfort. Great weakness of limbs accompany the backache, rendering walking very difficult.

#### **Oxalic Acid.**

Pains of *Oxalic acid* are of acute

character, extending down thighs. Numbness and weakness of back are key-notes. Change of position ameliorates, but thinking of pain aggravates.

#### **Picric Acid.**

This is along with *Bryonia* and *Gelsemium*, is a summer or hot weather remedy, during which the patient is worse. It is the lazy man's remedy, both mental and physical; cannot study or work because of exhaustion. There is heaviness and weakness of back, as well as of limbs; drawing pain in kidney and burning in spine. It acts marvelously when indicated if given in higher potencies and not repeated too often. The result is both phenomenal and satisfying.

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### A MEDICINE CASE FOR THE LITTLE ONES.

(Continued from April Number.)

M. E. DOUGLASS, M. D., BALTIMORE, MD.

#### **Lycopodium.**

Flatulency, obstinate constipation, cachectic complexion, red gravel and acid dyspepsia are all within the range of *Lycopodium*. High dilutions best.

*Hyperæmia* of the brain when due to the suppression of a habitual discharge with vertigo and constipation.

*Hydrocephalus*, when accompanied with suppression of urine, dilated pupils, sopor and twitching of the muscles.

*Ophthalmia neonatorum*: Inflammation of the eyes, with redness of the conjunctiva bulbi, swelling of the lids, photophobia, profuse lachrymation and nightly agglutination. Redness and swelling of the lids in the right eye.

*Otorrhæa*. The discharge is purulent, ichorous and is accompanied by great hardness of hearing, although not absolute deafness. The tonsils in such cases are found enlarged, the nose frequently obstructed. The mouth is kept open and the tongue protrudes slightly. These indications also hold good for the treatment of coryza. The stoppage of the

nose forces the child to breathe through its mouth. There are scurfs in the nose, and an acrid discharge will sometimes excoriate the upper lip. *Lycopodium* is one of the most reliable of our remedies for the dry form of chronic coryza, with much sneezing during the day—at night the nose is completely stopped, with dryness of the nose and burning headache.

The nose is obstructed high up, with almost complete closure of the nostrils at night, so that the patient breathes with open mouth and protruding tongue. The morbid action frequently extends to the frontal sinuses, with frontal headache and thick, yellow discharge, which is at the same time acrid and excoriating. The irritation is prone to extend to the air passages, causing cough with loose expectoration and the coryza then becomes somewhat fluent.

*Bronchitis and Pneumonia*. Forcible dilatation and contraction of the *alæ nasi*. Severe bronchitis: Short cough, worse

during sleep and in every exertion; dyspnœa worse when lying on the back; wheezing breathing in the daytime, with sensation of too much mucus in the chest; loud rattling; cough worse from 4 to 8 p. m.; also aggravation from eating and drinking cold things, when stooping and lying down. The cough ends with a loud belch. Most observers agree that the lycopodium cough resembles mostly hepar, kreosotum and pulsatilla. It is loose and rattling, with difficult expectoration. In pneumonia and phthisis, where the right side is more affected, the cough loose, full and deep, sounding as though the entire parenchyma were softened, the patient raising a whole mouthful of mucus at a time, which in color is a light rust, not much unlike that of bryonia, but not so thick—more stringy and easily separated—and if, in addition, there should be present fan like motion of the alæ of the nose, *Lycopodium*<sup>xxx</sup> will almost certainly afford relief within twelve hours.

The respiration of lycopodium is predominant with moist sound, while the respiration of pulsatilla, sepia and silicea are marked by the predominance of the dry sound.

*Morbid sweat.* Evaporation from the body smelling like onions. Profuse, sour smelling sweat over the body, not on the legs; perspiration every night, after midnight, especially on the chest; during the night profuse sweat, with coldness of the forehead and neck; perspiration only in the joints, early morning; early morning sweat over the whole body, smelling like blood.

*Difficult dentition.* The gums are exceedingly painful to touch, and easily bleed when rubbed; the teeth that are through may have a yellow color; the child sleeps with its eyes partly open, throwing its head from side to side, with moaning; often very restless all night,

like a rhus restlessness. It takes but small portions of food at a time and does not care much for food.

*Tonsils.* In all affections of the tonsils, especially chronic enlargement, *Lycopodium* is invaluable. Stoppage of the nose, with inability to breathe through it, after excoriating discharge from the nostrils; tongue protruding from the open mouth; everything worse during the afternoon. In bad cases of diphtheria there may also be present stupor, swallowing very painful, even causing spasm of muscles of deglutition, with constant desire to swallow; white or grayish membrane upon a brown red surface; much swelling of the parts, worse on the right side; upper portion of the body much emaciated, with large abdomen.

*Stomatitis.* When the mouth is dry, no salivation, the ulcers are mostly under the tongue and on the tip.

*Cerebro spinal meningitis.* Desire for company; irritable and peevish on awakening from sleep; headache, with pain extending down the neck: great weakness, lower jaw often hanging down; acuteness of hearing and smell; swelling of tongue; much flatulency; red sand in the urine; pain in back before urinating; jerking of the limbs or the whole body, whether awake or asleep.

*Bone affections.* Sudden failing of strength; great weakness; great thinness; pain in the small of the back; large swelling of the psoas muscle, very painful on moving the body; pain in the back, extending to shoulders and small of the back; rheumatic tension, or drawing pain in the back; burning as if from a red-hot coal between the scapulæ.

*Skin diseases.* Eruption especially about the head, face, neck, hands and fingers, right side more and oftener affected. There is abundant, thick, foul-swelling discharge, frequently drying into thick crusts with deep cracks; blood oozing after scratching; biting and itch.

ing when becoming warm and from wet poultices; the eyes may be inflamed with purulent discharges and photophobia, as well as purulent, ichorous otorrhœa.

Pain and soreness begin on right side of throat (lachesis, left side) which is worse from cold drinks, especially milk, (lachesis better from cold); better from hot drinks.

Tongue is darted out and oscillates to and fro.

### Sulphur.

In the *sore mouth* of infants, when there are blisters and aphthæ in the mouth, with burning and soreness, especially when eating; thick, whitish or brownish coating on the tongue; profuse or bloody saliva. There is apt to be acrid, slimy or greenish diarrhœa, excoriating the parts.

In *marasmus* the child frequently awakes from sleep with screams; great voracity, wants to put everything it sees into its mouth; diarrhœa excoriating the arms; copious morning sweats after waking.

In *constipation* the stools are hard, knotty and insufficient. The first effort at stool is very painful, compelling him to desist. Frequent weak, faint spells.

In *diarrhœa* the stools come on very suddenly in the morning and are very changeable, yellow, brown, green or indigested. As accompanying symptoms we find constant heat on top of the head; frequently weak, faint spells; drowsiness during the day; wakeful at night. *Sulphur* is especially called for when the diarrhœa follows suppressed eruptions. *Sulphur* is also to be used in this, as well as in other affections, when the seemingly indicated remedy fails to act. A dose or two of a high potency will rouse the slumbering vitality.

In *intestinal worms*, *Sulphur* is called for when there is passing of lumbrici, ascarides or tænia; creeping and biting in the rectum; must have something to

eat about 11 o'clock a. m.; anus raw and excoriated.

In obstinate cases of *ischuria*, where the urine is mixed with mucous or blood; very fetid; burning in the urethra after micturition.

*Sulphur* is frequently useful and curative in *fluent coryza* of clear water. Soreness in the throat as from lump; complete loss of taste and smell; discharge of blood or copious, thick, yellow, purulent matter.

*Bronchitis and pneumonia.* Hoarseness and aphonia, sensation of something creeping in the larynx; loose cough, with thick, mucous expectorations and soreness in the chest; stitches in the chest, extending to the back; pain in the left side; cough, with expectoration of greenish mucus, with sweet taste; frequent weak, faint spells; mucus rattling and suffocating fits.

*Pleurisy.* Stitching pain in the left side, going through to the shoulder-blade, worse from the least motion; short, dry cough.

In *tuberculosis pulmonum*, *Sulphur* will often greatly mitigate the sufferings of the little sufferer when the following symptoms are present: Dryness and burning in the throat; hot breath, acne, eczema, impetigo, etc., on the skin; dry, with now and then profuse discharge of purulent matter, which relieves for a while; complains of being too hot; profuse sweat at night; burning in the soles of the feet.

In *encephalitis* where there is heaviness of the head, it sinks involuntarily backward; sweat on the head of musk-like odor; frequent changes of color in the face; sour smell from the mouth; sleepy during the day and wakeful at night; scrofulous diathesis after suppressed eruptions.

*Infantile paralysis*, coming on after typhus, exanthematic fever or suppressed eruptions. Obstinate cases where the



indicated remedy does not seem to act well.

*Scarlatina.* Rapidly growing red all over, with sopor after first vomiting; burning heat of the skin; bright eruption, growing purple with diarrhoea. Worse in the morning.

*Rubcola.* The eruption does not come out and the catarrh becomes continually worse; violent otalgia with purulent discharge; chronic after complaints, otorrhoea, diarrhoea.

*Eczema.* Great itching, with tendency to spread; dry eruption or fetid and moist, with thick pus, yellow crust and easily bleeding; itching worse in the evening and in bed.

In *scabies*, *Sulphur* is the chief remedy. There is intense itching, with burning and soreness after scratching.

#### **Calcarea Carbonica.**

This is a deep acting remedy, and when the following characteristic symptoms are present, will be found highly useful in all affections to which children are liable, especially if occurring during the period of dentition. It should be administered only in a high potency and each dose allowed to act until its effects are exhausted before another dose is administered. Its characteristics are: Scrofulous children with large heads and large, open fontanelles—feet cold and damp; much sweat about the head during sleep; abdomen hard, enlarged, like a saucer turned bottom up; stools thin and whitish or chalk like, smelling sour or bad; oozing of fluid from rectum, smelling like herring brine; undigested stools; face pale and wrinkled; desire for boiled eggs; good appetite; sour vomiting. There may be constipation of hard, indigestible, clay-colored stools; itching of the arms in the evening; urine dark-brown, fetid, with white sediment; inspiration hoarse, loud and difficult, causing the child to cry out in

pain; frequent attacks of hoarseness; dry cough from tickling in the throat as from dust, especially in the evening or at night; early morning cough with yellow expectoration; tightness in the chest, as if there was not room enough to breathe; morning cough, with rattling in the chest; glandular swellings about the neck; jerking of one side; light-haired children inclined to grow fat; thin, moist porrigo on the scalp; thick, moist or dry crusts; eruption attended with swelling of glands, heat, thirst and want of appetite.

#### **Chamomilla.**

*Chamomilla* has justly been called the "children's remedy." The following hints will give indications for its employment in the diseases of our little patients: Child starts and jumps during sleep; wants different things and rejects them when offered; redness of the cheeks, or one cheek red, the other pale; fever toward morning, with alternation of heat and chilliness; great irritability and sensitiveness of the nervous system; very restless and cross, wanting to be carried about all the time; convulsive twitchings of the extremities; green, watery and slimy stools, or liked chopped eggs and spinach, odor like decayed eggs, excoriating; vomiting of bile or green mucus; general acrid discharge from the nose; hoarseness and rattling cough on chest, with soreness; scraping, dry cough from tickling in the larynx, worse at night, and continuing through sleep; cough from crying; suffocative fits; short, anxious breathing; much hot perspiration about the head and face; small red spots on the skin; unhealthy skin, readily ulcerating. Intertrigo of infants. Great sensitiveness to pain or to wind or currents of air; darting and lancinating pains.

#### **Aconite.**

Prof. J. C. Saunders, of Cleveland,

during his occupancy of the chair on Clinical Diseases of Children, used to say of nearly every case that presented for treatment: "A very interesting case, gentlemen; a very interesting case. We will give it *Aconite*<sup>30</sup>" So frequently did he make this prescription that he was called by the boys "*Aconite 30th*."

It is undoubtedly *one* of the most valuable remedies in the Homœopathic materia medica in the treatment of diseases incident to childhood. We should oftener employ this remedy.

In *indigestion* the infant has a dry, hot skin, is sleepless, restless, cries much, bites its fists and suffers from green and watery diarrhœa. A dose or two of *Aconite* cures all these symptoms in a few days.

In *dentition* there is constant restlessness; the child gnaws at anything it can get hold of; cries, whines or frets much of the time. Its sleep is very much broken and there is usually much heat about the head, and a dry skin, sometimes with cold hands and feet. There may be constipation or diarrhoe. The child is usually very thirsty and seems to be relieved very much by holding on to the cup containing cold water with its mouth, apparently for the purpose of cooling its gums.

In *diarrhœa* the skin is hot and dry; restlessness and much excitability; stools watery and often of a dark color.

In the commencement of an attack of *bronchitis*, when the fever runs very high, skin is hot, with much distress and restlessness, *Aconite* will sometimes cut it short.

In *pneumonia* the child can scarcely cough, the suffering is so intense. Short and rattling breathing; constant cough; almost constant crying, with anxious countenance and great uneasiness; high fever and great restlessness.

In *croup*, *Aconite* will be especially called for if there is a high fever, skin

dry, much restlessness and distress. Cough and loud breathing during expiration. Every expiration ends with a coarse, hacking cough.

In *scarlatina*, when there is much distress, heat, thirst and sleeplessness; the rash is not smooth. *Aconite* relieves the excitement of the system, both nervous and sanguineness, and at the same time promotes the development of the eruption. Military rash of a dark hue; there is fear. The patient does not wish to be alone; red face, which turns pale on rising.

In *measles*, *Aconite* is the most suitable remedy in a large majority of cases.

In the *jaundice* of infants the *aconite* baby is hot, restless, sleepless and in distress.

In *ophthalmia*, where from exposure to cold air there arises a high state of inflammation; general fever, with restlessness, distress and sleeplessness.

In retention or suppression of urine in the new born babe, *Aconite* is the queen of remedies.

In *cerebro-spinal meningitis*, at the onset of the disease, when there is *much fear* manifested, restlessness, no position is satisfactory, thirst for cold water, active inflammatory symptoms, particularly in plump and full-blooded patients. In any condition where there is fear, restlessness, high fever, thirst for cold water in large quantities at short intervals, *Aconite* is the remedy par excellence.

#### **Aethusa Cynapium.**

The child throws up its milk soon after nursing suddenly, with great force, then falls asleep as from exhaustion, to awaken for a fresh supply.

Stools watery, yellow or greenish, without smell; vomiting of coagulated milk; pale face, with painful expression around the mouth; spasms, with stupor and delirium, clinched thumbs, eyes

drawn downward; thirst and great prostration.

#### **Antimonium Crudum.**

*Gastritis* from deranged stomach. Frequent vomiting, with thickly coated white or yellow tongue; eructations tasting of the food, great thirst at night and total loss of appetite.

*Constipation* with hard stool, with difficult expulsion and much previous straining; stools watery and profuse, with deranged stomach; violent vomiting of bitter, bilious or slimy mucus, worse after eating or drinking; continuous discharge of mucus from the stomach. Children are averse to being washed or looked at.

On the skin we find its action to produce white blotches with red areolæ, violent, burning and stinging; blotches and vesicles as from stings of insects on the face and joints, coming on with itching and disappearing in a few hours.

In the chronic form of eczema, worse from bathing; better in the open air.

Child cannot bear to be touched or looked at.

All of the skin affections are accompanied with gastro-intestinal derangement and thick, white-coated tongue.

#### **Cicuta Virosa.**

Although the use of this remedy is somewhat limited, and symptoms few, yet it is one of our most valuable drugs in pediatrics.

Frequent hiccough and crying; pain in the nape of the neck; spasmodic drawing of the head back and tremor of

the hands; grinding of the teeth, with pressing of the jaws together, like lock-jaw; convulsions, with limbs relaxed, hanging down or stiff, rigid and extended.

In *epilepsy* child becomes suddenly stiff, with eyes fixed upon one point; violent spasms of the head and upper part of the body; puffed, bluish face; spasmodic rigidity, with the head bent backward or forward; prostration after the spasms; convulsions from irritation of worms.

In *trismus* the body becomes suddenly stiff and immovable; tetanic stiffness of the whole body; puffed and bluish face; spasms renewed from slightest touch, noise or talking.

In *cerebro spinal meningitis* this drug will be indicated when there are frequent jerks through upper part of the body; tremulous motion of the limbs; bruised pain in the extremities; jerking of the head.

#### **Magnesia Carbonica.**

*Mercurius* is often prescribed when *Magnesia carb.* should be given. Green and sour-smelling diarrhœa, which has continued for a long time; green, watery stools, resembling the scum of a frog-pond; frequent vomiting of sour-smelling substances; loss of appetite, emaciation; sour vomiting; œdema of the feet up to the calves; stools bloody mucus or green, slimy, with tenesmus; tongue coated dirty yellow; face pale and earthy or dirty dark yellow.

## HOW TO USE THE REPERTORY.

### Article II.

J. T. KENT, A. M., M. D., PROF. MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

(Continued from Page 198)

In the first article an attempt was made to show the importance of giving preference to mental symptoms. This paper aims to further illustrate this idea.

Selecting the innermost symptoms, as most general, believing that the remedies must be found somewhere among those having the patient's loves and

hates. The following symptoms complex shows what a fully written out case looks like before it has been arranged for study. Then the anamnesis brings forth the case as one arranged to show the related remedies. Lastly the symptoms are taken up in order showing the effect of the prescription.

November 3, 1900.

**Mental**—Sadness and depression of spirits, especially after eating; feeling of great anxiety during waking hours; during the day, languid and indolent.

**Head**—Heat at the vertex; itching of scalp on right side of occiput; dry scales from there over an irregular patch of surface; itching is worse at night in bed, often wakes him.

**Headache**—Dull in vertex and forehead during the day, usually afternoon; violent in occiput at night, pain extending to nape of neck, this wakes him up and passes off after sitting up; some headache after waking in morning; hard coughing brings on headache in vertex and forehead; this causes perspiration of the scalp.

**Eruption of pimples on scalp on left side of occiput; not as numerous as formerly.**

**Eyes**—Tendency to redness and inflammation on rims of lids; yellowish tinge in whites.

**Ears**—Itching, especially at night, often wakes him; ameliorated by scratching; this loosens dry crust in meatus, and is the seat of itching; ringing noises in both ears, especially loud in right ear; shrill pitch incessant day and night.

**Nose**—Coryza during paroxysms of coughing; discharge thin and watery and copious; skin of nose is greasy and the oil comes off on fingers.

**Face**—Looks thin and emaciated; ex-

pression of suffering on it; complexion sallow.

**Tongue**—Coated white, the coating thicker in the middle.

**Gastric symptoms**—No appetite, eats hardly anything at all; moderate aversion to solid meats and sweet things; stomach distended after eating, usually when taken; eructations after eating, continues for an hour or so; tastes of food, but usually tasteless; digestion seems very slow; great soreness after eating, lasts for a long time; sore and sensitive to external pressure.

**Abdomen**—Flatulence and rumbling; soreness in anus and rectum after first stool in morning; lasts several hours, with slight discharge of moisture; occasional stitching and cutting pains in rectum and anus; has three stools a day, second rather scanty and soft.

**Sharp, stitching pains on right side under ribs, brought on by coughing.**

**Urination**—Is retarded, must wait for it to flow; sound of running water brings on urgent desire; urine has lost orange color; very slight greyish deposit.

**Chest**—Respiration is very difficult; exertion brings on groaning breath, asthmatic; occasional catch in the breath if exertion is greater; difficult breathing is aggravated by walking fast. Symptoms aggravated walking up slight incline or using arms, coughing or stooping or continual talking, also by distention of stomach. Rattling of mucous in air passages is almost constant; lying on back brings on cough, especially during day; cough comes on when going to bed, usually at 3:00 a. m. and on rising; coughing fit lasts from one-half to an hour; coryza with morning cough and

- with prolonged spell; ameliorated after eating; exhausting when violent; difficult to dislodge mucus; noisy expulsion like retching throws it off. Continual itching deep down in chest when coughing; laughing and talking aggravates cough.
- Expectoration** frothy, like white of egg; has lost stringy element—tasteless. Sensation of oppression in chest; difficult to sit or stand.
- Back**—Aching pain across back and shoulder-blades—comes on usually in afternoon at 3:00 and lasts till 7:00 or 8:00 p. m.; slight eruption of pimples on back between shoulder-blades; sometimes having heads and itching; back itches when undressing and on rising.
- Extremities**—Tremulousness in both hands, but worse in left; palms hot and dry.
- Itching and soreness** between toes of right foot.
- Sleep**—Good, except waking at 3:00 a. m. Remains awake from an hour to an hour and a half; dreams frequently troubled.
- No chill or sweat, but feverish tendency toward nightfall.
- Pulse** at 3:00 p. m. is 82—usual count for him is 68; thin and feeble.
- A number of small spots on hands, look like freckles, but are raised up.
- External ears** white and cold to touch.
- Weak** generally—long exertion brings on faintness with diminished action of heart. Attack comes without least warning. When it passes there is violent perspiration on forehead and elsewhere.
- Standing and walking** aggravates all symptoms.
- Sadness** after eating: Alum., Anac., Arg-n., Ars., Asaf., Bor-ac., Canth., Caust., Cham., Chin., Cinnb., Con., Hyos., Iod., Mosch., Nat-c., *Nux vomica*, Puls., Zinc.
- Anxiety** on waking: Agar., Alum., Am-c., Arg-n., Ars., Carb-v., Caust., Chin., Dros., Graph., *Lach.*, Lyc., Nat-c., Nat-m., Nit-ac., Nux-v., Phos-ac., Phos., Puls., Zinc.
- Indolent**: Alum., Am-c., Arg-n., Ars., Asaf., Bar-c., Caust., Chin., Graph., *Lach.*, Lyc., Nat-c., Nat-m., Nit-ac., *Nux v.*, Phos ac., *Phos.*, Puls., Zinc.
- Weakness** from slight exertion: Agar., Ars., Nat-c., Nat-m., Phos., Stann.
- Appetite** wanting: Alum., Anac., Arg-n., Ars., Chin., Nat-c., Nat-m., *Nux v.*, Phos ac., *Phos.*, Pul., Zinc.
- Aversion** to sweets: Ars., Bar-c., Caust., Graph., Merc., Nit-ac., Phos., Sulph., Zinc.
- Aversion** to meats: Alum., Ars., Caust., Chin., Graph., Nat-c., Nat-m., *Nux-v.*, Phos., Puls.
- Mild disposition**: Ars., Caust., Nat-m., Phos., Puls.
- Stomach** distended after eating: Phos. and many others not related.
- Stomach** distended in general: Ars., Arg n., Graph., Phos., Puls.
- Eructations** after eating: Arg-n., Caust., Nat-c., Nat-m., Phos., Puls.
- Soreness** in stomach: Ars., Caust., Chin., Nat-c., Nat-m., *Nux-v.*, Puls.
- Must wait** for urine to flow: Alum., Caust., Nat-c., Nat-m.
- Stitching** pain under right hypochondrium from coughing: Chin., Nat-m., Puls.
- Respiration** difficult: Ars., Caust., Chin., Nat-c., Nat-m., Nux-v., Puls., Zinc.
- Respiration** difficult ascending: Ars., Nat-m., Nux-v., Phos., Puls., Zinc.
- Respiration** difficult walking: Ars., Phos., Puls.
- Respiration** difficult walking rapidly: Phos., Puls.
- The chest symptoms are covered by Puls.

Puls<sup>300</sup> (B. & T.) was given.

November 18 reports:

**Mental symptoms**—The sadness and depression have departed. Calm and cheerful, desire for action; no longer languid and indolent; healthful tone of mind. At night, however, will sometimes start awake out of a troubled dream, with feelings of great anxiety and anticipation of troubles, perspiration start out all over him and usually pain in the bowels as physical accompaniments of the mental condition.

**Head**—Heat is ameliorated, itching of scalp is ameliorated, headache in vertex and forehead is ameliorated, headache in occiput and nape of neck is also gone, eruption of pimples left of occiput is gone.

**Eyes**—Symptoms before reported all ameliorated.

**Ears**—No change in symptoms as before reported, except that the ringing seems louder on going to bed than during the day.

**Nose**—Coryza has much ameliorated, character of discharge same; skin has ceased to be oily.

**Face**—All symptoms much ameliorated; does not look emaciated; some red in complexion, suffering expression has gone.

**Tongue**—Much ameliorated; very light coating of white.

**Gastric symptoms**—All ameliorated. A slight appetite; distention after eating very slight; eructations much ameliorated; digestion decidedly improved; soreness and sensitiveness of stomach to external pressure gone.

**Enteric symptoms**—Flatulence and rumbling much ameliorated; soreness in rectum is gone; after morning stool, only slight soreness and

inflammation of anus and piles, which protrude and are very sore for two or three hours. This symptom, however, is more ameliorated today than for several days past. Stitching pains in anus and rectum all gone.

**Urinary symptoms** unchanged.

**Chest symptoms**—Respiration generally ameliorated, very little rattling of mucous in air passages. Characteristics of breathing as before reported remain the same. Cough on going to bed much ameliorated; wake at 3:00 a. m., but do not cough at all; on rising much ameliorated; mucous much more easily dislodged, no retching; itching ameliorated, but the irritation continues during the fit; it seems as if there were a sore spot or track in the air passages in the vicinity of the branching of the bronchial tubes from the trachea. There is a longer interval between the paroxysms of coughing, continues during breakfast and even afterwards—occasionally while eating he will be interrupted by a cough that is very violent and spasmodic.

**Expectoration** much less in quantity; same quality, but the stringy character has returned in a measure; soreness and oppression of chest ameliorated; carriage much more erect.

**Back**—Aching across back continues unchanged or is slightly ameliorated; eruption and itching unchanged.

**Upper extremities**—Tremulousness of left hand is gone; very slight tremor in right hand; palms moist and less hot.

**Lower extremities**—Coolness of thighs gone; itching and soreness of toes gone.

Sleep—Excellent, except that he usually but not invariably wakes once during the night about 3:00 a. m. Vigil, however, is not so long, not usually over one-half hour; dreams less troubled and less vivid.

Fever—None; pulse at 3:00 p. m. 70, fuller and stronger than before; no chill and no sweat.

Skin—Some of the raised eruptive spots on hands seem to have disappeared, but a lot of little ones seem to be coming out elsewhere on the hands; the color of the hands is a

livid, leaden hue, but today some pinkish tones appear there; ears have lost their whiteness—more pink and of a natural color.

Very much stronger generally, and became so almost immediately after taking the remedy, but have gone on improving in this respect no doubt because he is relieved of the great exhaustion resulting from the bad coughing fits he had to endure, and also because he is now able to eat a fair meal and assimilate the food.

## THE DIFFERENCE BETWEEN RECOVERY AND CURE.\*

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*Recovery* is a restoration to that state of health from whence the present disease symptoms arose; to regain a *former* state or condition of health.

*Cure* is a *permanent* restoration to health. It is the removal of causes whereby sickness is *easily* induced—a removal of the *susceptibility* to disease.

A cure is the exception instead of the rule. *The great majority of the medical profession are content if they so direct the remedial agents at their command as to bring about a recovery.*

There must be good and sufficient reasons for this estimate of professional achievement, and a thorough discussion of the question may result in the establishment of a higher ideal and the perfecting of our knowledge of the means whereby this may be accomplished.

The relation between cause and effect is unchangeable. Unfavorable results follow the employment of inadequate means. The degree of success measures the accuracy or skill with which the remedial agents are employed. Acts governed by law are more uniform than those ruled by the dictates of individual

judgment. We would therefore expect the highest exhibition of medical skill to come from those who have the most perfect comprehension of the law and principles directing its operation.

The great majority of the medical profession deny the existence of a law governing the selection of remedial agents. There is no uniformity of opinion with reference to the nature of disease, consequently results must be measured by varying standards. We belong to that rapidly growing minority who believe that there is a law governing the selection of remedial agents for the *cure* of disease. That it is one of the most comprehensive laws in Nature and that its demonstration is so conclusive as to admit of no question. The great obstacle to its general acceptance is based upon the fact that the scientific world has been working upon a lower plane for the past century and only the more advanced thinkers have reached the plane upon which the *law of similars* finds its fullest exemplification.

Man is finite and should be held accountable only for the exercise of such

\*Read before American Hahnemannian Association.

judgment as the best employment of his opportunities will afford. If circumstances have made it possible for us to have acquired a deeper insight into the workings of that law whereby the lives of those about us may be made less susceptible to the evil influence of their environment, we have no right to withhold the same from those who would utilize the knowledge for the good of mankind.

There are a great many ways by which a *recovery* may be brought about without calling to our aid the potent influence of Homœopathy. Its superiority in this plane of action rests upon the fact that the restoration to a former state is brought about in the *shortest* period of time and with the *least* expenditure of force. It goes farther than this and adds *permanence*, thereby bringing about the ideal condition of a *cure*.

Surgery can never offer the slightest possibility of a *cure* unless the disease be due entirely to a *mechanical* cause. Its legitimate place in the domain of medicine is limited to removing *effects* due to *mechanical* causes, and *protecting* or *preserving* vital functions from conditions which threaten the union of soul and body. It has gained an exaggerated importance in the eyes of the public as well as the profession because of the inefficient means, from a remedial standpoint, employed by the profession for the *cure* of disease, and will be relegated to its logical place when the profession becomes sufficiently skilled in the use of their remedies to know how to permanently remove the causes of disease. It is a significant fact that the surgeon has already measured the limitations of surgical means and is now devoting the same energy which perfected the technique of his operations to the perfecting of sanitary and hygienic surroundings that will conserve the vitality of the patient and thus be-

come an efficient aid to the vital force in its work of preserving health. But this is somewhat foreign to the subject under discussion. We wish to consider some of the reasons why the profession are satisfied with *recoveries* when *cures* might be the result of their labors.

1. *Failure to recognize or appreciate the significance of the early symptoms of disease.* This seems to be the key to the whole matter. People in general are accustomed to a certain amount of discomfort and think that is the normal condition, with which they must be content. Familiarity breeds indifference or a feeling that they can do as well as any doctor with the simple ailments, and this conclusion is strengthened by the fact that a great majority of the profession give little study to these common ailments, and less advice. A prescription is given and the case dismissed without a thought of the future consequence of this negligence.

2. *Unwillingness of the patient to continue a "course of treatment" to the point where a cure might have been effected.* It is seldom, however, that this obstacle is placed in the way of the physician who has properly instructed his patient with reference to the cause and nature of the disease, as well as the course of treatment that must be employed.

3. *The "demands" of general practice.* This is one of the weakest excuses that can be offered, because no man has the *moral* right to assume the responsibility of caring for so precious an object as a human life unless he can give it the best that his skill affords. It is a fact that a proper study given to every case in its incipency will save many days of intense anxiety and secure for the physician *steady* employment in the most inspiring work of a physician's life—that of *watching* the evolution of a



healthy body where disease had reigned supreme.

4. *Improper study of their cases.* Nine physicians out of every ten make no record of their cases, consequently prescribe for little else than the superficial picture obtained from day to day. Their remedies are naturally given for the relief of present evidences of discomfort. Having no higher object in view, the means to be employed becomes a matter of secondary importance. It is for this reason that we find men who say they thoroughly believe in the *law of similars* resort to the alternation of remedies, or, what is even worse, temporize with the future welfare of their patients by the use of powerful drugs that will leave a sequella of evil as inevitable as fate. We would not be understood as saying that all physicians who make records of their cases show by that procedure that they are prepared to *cure*. Nothing can be further from the truth. The requirements of Hahnemann for the proper "taking of the case" is essential in every detail, and the physician who ignores a single item is running a risk that cannot be taken with safety. The record must, of necessity, include several *totalities* which mark the stages in the development of the disease. The symptomologist may be able to give very prompt relief and to be the highest exponent of recoveries, but he must have the additional knowledge that will enable him to so analyze the complete record as to determine which "totality" shall become the *first* "totality" for which the *first curative* remedy shall be selected, before he can even hope to *cure*.

"Key-notes" are of great value to the superficial prescriber, but become of positive injury to the careful, analytical student of medicine. They afford a valuable guide to the physician whose time is so occupied that he has "no

time" for a careful study of his *materia medica*. They have a legitimate place in medicine, but it is questionable if they have not been a fruitful cause for the superficial prescribing so prevalent at the present time.

A few cases from current literature will illustrate our meaning:

———, age 12.

Mind not clear, *inclined to idiocy*.

Nervous, agitated, flighty, restless.

High fever, with hot skin.

Tongue white.

Frontal headache, head hot, face flushed.

Bowels hurt and are hot.

*Belladonna* cured within 24 hours.

This case is cited because the physician reported it as a *cure*, and evidently so considered it. The case was not reported in its entirety and, in all probability, only illustrated one phase of the case; but even here it does not present a "totality" that narrows the prescription down to the remedy selected. If this child was just as *susceptible* to fever from a similar exposure *after* taking the treatment as he was before, the most that can be said is that a speedy *recovery* followed the treatment.

Here is another case:

A girl with dark hair and eyes, 6 years old, small for her age.

Nervous, mental temperament.

Headache, frontal-temporal, throbbing < noise, motion, light, lying;

> firm pressure.

Face flushed, dusky red and hot.

Tongue dry and studded with red papillæ.

Thirst slight.

Throat dry, with difficulty in speaking or swallowing—no particular soreness.

Fever high, 104; pulse 120.

Skin hot and dry.

General aggravation from motion, noise, light, cold and lying down.

Tendency to fever in every sickness.

*Belladonna* was given in this case and the report says there was almost immediate improvement and that the patient was in *usual* health within 24 hours.

Here we have a small, delicate child who showed a tendency to *fever* with *brain* complications from the *slightest* exposure. *Belladonna* very accurately covered the picture of the disease manifestations, and it is possible for it to come within the range of a *curative* agent for this case, although we would need additional data before this could be promised. The most that can be said from the above report is to the effect that the record was carefully made. No claim is made of a *cure* and, evidently, only enough symptoms are given to verify the pathogenesis of the remedy. As it stands, however, we can only pronounce it a "*recovery*."

A third case is presented as an illustration of the necessity for something more than a *full* record.

Mr. W., age 33, unmarried, white, tall, spare (105), dark and inclined to walk stooped.

"Have never been well—always some ailment and seldom independent of some physician; for the past sixteen years have been under the care of Homœopathic physicians. When young had nosebleed and fainted very easily."

"Never had a good digestion and have been constipated ever since I can remember, with occasional periods of diarrhoea following treatment."

"Have had hemorrhoids for past 15 years."

"Had gonorrhea in 1894, for which I was treated over two-and-a-half years."

"Have had emissions for about 20 years."

Bringing the record down to a working basis, we find:

Father—Chronic constipation, nasal catarrh and gray while a young man.

Mother—Poor circulation, complains of cold and has a chronic skin eruption; stomach and bowels usually good when skin is bad. Skin dry and sensitive.

Skin—Dry and scaly—itching; scratching leaves raw, moist, bleeding surface; crusts form.

Scalp—Dandruff excessive.

Hair—Soft, dry, falls out freely.

Eyebrows—Dry, fall out freely.

Eyelids—red margins, < exposure to cold.

Granules—Sore to touch, disappear soon.

Nose—Red, scaly, < water, red on exposure to cold; < after hot drinks; raw, moist, sensitive after washing.

Beard—Eruption, sore, dry, scaly; < water.

Foreskin—Irritated, red, itching.

Appetite—"Finicky." Gets weak and faint before meals; aversion to vegetables except potatoes; fats, salads, sweets, etc. disagree; drinks very little water; digestion slow, no regurgitation.

Stool—Hard, dry—seems to stick in lower bowel (past fifteen years) strains excessively; feels as if something was pressing in rectum; hemorrhoids (prolapsus) past fifteen years, come down with stool.

Sexual system—Masturbation for twenty years; emissions for twenty years, every few days or nights, weak and nervous day after; intercourse not over a dozen times, too easily excited, emission too soon, weakness following similar to emission; foreskin red and irritated, smegma on glans; sexual desire in-

tense when with women; gonorrhea in 1894, treated two and-a-half years; Perspiration about thighs and scrotum, seems to excoriate and leave a raw surface.

**Mental**—Always have a feeling of unsatisfied sexual longing, as for some one to caress, more mental than physical; tendency to mental exaltation; under certain conditions, impulse to kick almost irresistible; Inclined to be sad and hypochondriacal.

**Mind**—Interfered with by thinking; thoughts vague and sad; indifferent and unable to apply self to any steady occupation; have a feeling that I have ruined myself and lost all sexual power.

**Mouth**—Seems foul and offensive mornings, tendency to canker sores; drools from mouth nights; gums bleed easily when washing teeth.

**Throat**—Sore from exposure to cold or drafts < mornings.

**Mucus**—Excessive, must clear throat frequently, partial loss of speech; tonsillitis three years ago; takes cold easily from exposure to draft, dampness or cold.

**Drugs**—Have used iodine on glands of neck; handled much distilled mercury in electrical experiments.

This case is presented because he was under the care of one of the most prominent Hahnemannians in this country, for a period of nearly three years, without any perceptible improvement. It is assumed that a careful record was made, but it is to be taken for granted that he failed to follow the directions laid down by Hahnemann in the "*Organon*" and "*Chronic Diseases*," because it has been

demonstrated to be a curable case, because there has been no relapse during the past two years, and a history of greater vigor than at any other period of his life.

An analysis of this case shows the inheritance of a vitiated constitution from both parents. Handicapped by this "psoric" diathesis, he was *susceptible* to nearly everything to which he might be exposed. One peculiarity of his record was the obstinate constipation and persistent indigestion in spite of the "skin disease" which was co-existent with it. This could be accounted for only by reason of the persistent "drugging" during childhood. The sexual perversion belongs to this diathesis and was among the last things to disappear.

The persistent exposure to mercury left its characteristic impress upon the already weakened constitution and was one of the first to yield to treatment. Another factor that does not appear in the record is that his life had always been spent near the seashore and removal to Chicago was followed by some relief from certain phases of skin irritation.

In conclusion, will state that there was nothing in the history to show that the gonorrhea had left any complication, so the *first* totality covered the period including the exposure to mercury and what followed. For this *Mercurius* was the simillimum. In about three months the indications pointed to *Natrum mur.* This was followed by one of the prettiest pictures of *Sulphur* that you could imagine, which certainly had a *curative* sphere of action.

The general order of *cure* was from last to first in reverse order; from within outward, and from above downward.

## SUPPRESSED ERUPTION FROM IVY POISONING RESTORED BY RHUS TOX.

BY F. E. GLADWIN, M. D., H. M., PHILADELPHIA.

Mrs. M. W., age 54. September 28, 1899.

Not well since August 21, when took severe cold. Has been taking Juniper tar, Jane's expectorant and castoria with little improvement. Now fears pneumonia if she don't do something better for it.

Tight feeling in chest, can hardly talk because of it; prevents deep breath.

Hoarseness.

> after talking.

Cough hard, shaking, wheezing.

< draft of air.

Caused by tickling in throat-pit.

Pain in back between shoulders.

< cough.

Pain in head.

< cough.

Urinate during cough.

Coldness between shoulders.

Face swollen, hot, scarlet; sweats profusely.

Vertigo > lying.

< toward evening.

Nervous restlessness.

< night.

Stiffness in small of back.

< first gets up in morning.

> after moving about.

Skin hot.

In looking over the case for the general and the strong particulars, we find: Restlessness, < toward evening, < night, > lying, motion and > from continued motion, all of which is covered by *Rhus*. *Rhus*<sup>cm</sup> was given.

September 29 she reported:

Itching all over began before reaching home last night.

Thought she would go mad it was so intense.

< scratching.

< on first bathing with hot water, but

> followed.

Eruption, vesicular on a red base like *Rhus* poison all over hands, inside and outside; on face, neck, chest, around arms, across abdomen and on both groins.

Burns, smarts, itches, "makes her distracted."

Says she was poisoned with ivy years ago; cured at that time with laudanum and white lead. Has been nowhere now where she could possibly get it.

Symptoms of which she complained yesterday nearly gone and she would think herself very well were it not for that itching and eruption.

Symptoms all disappeared in a few days without further medication.

### Urethritis—Sarsaparilla.

Case 1. It is a very difficult matter to prescribe for anyone from mere "hear say," and yet some excellent work may be done at long range.

A few weeks since, on a Tuesday evening, a young man came to my office and asked me to prescribe for his wife. He said he had been married about two months, that his wife had not been well for some time before marriage and worse since; that her trouble was in the bladder, that she had great, almost intolerable pain on urinating; that a physician—an allopath—had attended her for five weeks, had washed out the bladder three times, and that she was growing worse rather than better. Being a poor man, he intimated that he was tired of present procedure and wanted help. I explained to him the difficulty in prescribing accurately for such conditions without seeing the case, but he had heard of some of my work in other cases and insisted upon me giving something.

The case looked very much like one needing *Cantharis*, and I gave two powders in the 200 potency—one powder to be taken at once and one the following morning on rising. With this I gave a liberal placebo. He was instructed to report the following Saturday.

On Saturday evening he came with the report that his wife felt very much better until Saturday morning, when the trouble returned, but not so severely. I then told him I wanted to see his wife and would call Sunday morning. To this he objected, on the ground that they were to entertain company on Sunday and he knew his wife did not want to be disturbed. (Evidently the allopath had very minute examinations). I said Monday would be agreeable to me if his wife were at home. "Yes, she will be at home, but I will not until 6:00 o'clock in the evening." Very well, I said, that will do. "But doctor," said he, "can you not give her something to relieve her tomorrow while she entertains her guests?" "No. But look here, tell me more about your wife's case." After some close questioning, I learned that her trouble came on *after* urinating. She dreaded nothing so much as the pain which came after she was through urinating. Together with a liberal quantity of placebo, I gave two powders of *Sarsaparilla*<sup>200</sup>, one powder to be taken at once and the other powder dissolved in four teaspoonfuls of clear water, on Sunday morning, and one teaspoonful taken every thirty minutes until all was taken. "I will call Monday evening at 7:00 p. m." said I, and with this he went home. I should have gone on Saturday evening, but could not get away.

On Saturday afternoon at 3:00 o'clock a lady called at my office and introduced herself as Mrs. D., for whom I had prescribed on Saturday. "I came,"

said she, "to save you a trip to our house this evening, for, since taking that little powder on Saturday evening there has been no sign of the trouble returning, and I feel much better every way." Nearly two months have elapsed since then and there has been no return of the difficulty.

*Notice 1*—the meager description we were compelled to hear, for the man was a day laborer and unused to defining symptoms.

2. The fact that we were not permitted to observe whether or not there were pathological changes there, venereal disease or sexual excess as a possible cause of the pain.

3. That the second prescription was based upon one symptom—an unwise thing to do—and that was, "worse *after* urinating."

Notwithstanding these things, and the possibility of considerable drugging by the "regular," the medicine was effective. It did not only palliate or relieve at once; the relief was effectual, almost immediate and permanent. This is true with the *indicated* remedy in all curable, acute or subacute diseases, and is it not equally true with chronic diseases, though a little more time may be required? Then there is not that abominable poisonous effect of drugging.

G. E. DIENST, M. D.

Naperville, Ill.

#### Dyspnoea—Arsenicum.

Case No. 2. This case is a peculiar one in many ways. In the month of August, 1899, a German farmer came into my office in a terrible plight. When he opened the door I thought the man was a lunatic. His efforts at respiration were something alarming. He wheezed and puffed so loud that he might have been heard in the street. I approached him and asked the cause of his peculiar gesticulations, for he was making some

very queer movements. He tried to talk, but could not. He stammered and puffed, some froth came from his mouth, his face was deathly pale, his anxiety was painful to behold. Cold perspiration was standing on his face, and his hands were like icicles, his lips were blue, his aspect was decidedly cyanotic. He eventually said enough that I understood he was cutting corn, became very warm, began to sneeze and on came this attack of difficult respiration. Something must be done, and that at once. Let him smell of ammonia, rub camphor on his head and chest, give him a good swallow of brandy, put his feet in hot water and then fan for dear life. No, not at all. Here are two things at least that suggest a remedy: Great anxiety; is afraid he is going to die soon, and what will his wife and children do who are still in the old country. We have also the hippocratic countenance, the cyanotic appearance, the inability of the lungs to take up the oxygen supplied by nature; all resulting in a characteristic restlessness.

The remedy is obvious. I gave one powder of *Arsenicum*<sup>30</sup>, fearing to give a higher potency until I saw what that

would do. He was directed to sit by an open window while I attended to another case. In less than thirty minutes the breathing became markedly easier, the restlessness ceased, the anxiety subsided, color came to the pale face and the good farmer said: "Ich bin bedentend besser." (I am decidedly better). He was given a little of the medicine to take at lengthened intervals, went back to his corn field, and I *know* the trouble did *not* return that season. He left this part of the country the year following and I had no opportunity of knowing whether or not the difficulty returned.

I do not write of these cases to show that something remarkable was done, and yet this is true, but write this to prove that when a remedy is clearly indicated and given in potentized form according to the indications, *it will relieve* and often cure very obstinate cases, and do it quickly. While the remedies were used in comparatively low form in these two cases, I want to say before closing that I have had equal results from the 1m, 50m and cm.

G. E. DIENST, M. D.

Naperville, Ill.

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### RUPTURE OF THE UTERUS.

W. W. GLEASON, M. D., PROVINCETOWN, MASS.

I was called to attend Mrs. R. in confinement May 16, 1901. I had never before known the patient. I found her an excessively fat and bloated person, in the second stage of labor, with very strong expulsive pains, the representation being facial, in the right mento-occipito and making rapid progress. She informed me that she had five living children, all taken with instruments, barely living through the last birth five years back. She was sure she should not survive this one. Matters looked serious and I wanted consultation, but

I went to work until assistance could be summoned. I failed to change the presentation, and finding the foetal head becoming impacted, prepared to use instruments. All at once the pains left the back and centered in pubis and lower abdomen, and before the chloroform could be administered uterine contractions suddenly ceased, the woman at the same time declaring she could do no more. She was put rapidly under the anæsthetic and the forceps placed. The child was now dead and very mobile. Impaction had given way

and the foetus could be pushed upward quite easily in the passage. There was excessive hemorrhage. I now found a foreign body hanging in the vagina by the side of the foetal head, the nature of which I could not determine. It felt like a roll of fat and obstructed the insertion of the forceps. The instruments were placed several times but failed to hold. At this juncture another physician arrived and abandoning the forceps version was effected and the child delivered. Entering the uterus again with my hand to effect the delivery of the placenta, the uterus was found to be ruptured, and hemorrhage was taking place into the abdomen. It was now ascertained that the foreign body which had obstructed the use of the forceps was a pendulous tumor, about six inches long by two in diameter, attached to the internal os, and hanging in the vagina. The assisting physician, who had attended this woman in all her previous births, now remembered that when he attended her in her last confinement he found at the internal os a tumorous lump about as large as a small lemon.

In consideration of the woman's exhausted condition, we decided that gastrotomy would not be advisable. Suitable remedies were administered to lessen the woman's distress. She rallied well from the chloroform which had been used in moderation, but was much distressed for breath, had considerable nausea, thirst and sinking sensations. The temperature rose quite rapidly, the pulse became much accelerated, respirations thirty-five per minute, with hectic flush on the cheeks and numbness of the limbs from the body to the feet. The abdomen gradually swelled greatly and became discolored. Death occurred twenty hours after delivery. After death the body swelled so much that a special casket was needed, and a window with its frame had to be removed in

order to get the remains from the house for burial.

I have wondered if the sad results of this case could have been averted under the circumstances by any other procedures than those taken, or if, even in view of the woman's state of excessive fatty degeneration, had the attending physician been informed of the presence of the tumor before attending the accouchment, could the birth have been accelerated so as to save one or both of mother and child. Certainly, had the physician been called during the pregnancy, the tumor could have been amputated, and thus more room have been given for the passage of the foetus.

#### Rupture of the Heart.

I am reminded by the above case of another which I attended not long ago. Miss C., a robust looking, full-blooded school teacher, subject to severe attacks of palpitation of the heart with suffocative breathing, came home from her school one afternoon at three o'clock with one of her usual attacks of palpitation. I saw her immediately. Her nurse had administered a potion of whiskey, without relief of symptoms. A family trouble was grieving the patient, and possibly was the immediate cause of this attack. There was restlessness, cold sweat of the face, great anxiety, distressed respiration and faintness. *Aconite* was administered and, giving no relief, *Veratrum alb.*, was given. Under this remedy the patient became considerably relieved, and at half past five I left the patient to get my supper, thinking she was doing well, but in a short time was hurriedly summoned, getting to my patient only to find that she had given way to a fit of weeping and almost immediately complaining of severe pain at the heart, died instantly. A post mortem examination confirmed the diagnosis of rupture of the heart.

**Corea—Ignatia.**

Ida A., 16 years old. Has been troubled for the past three years with that which had been diagnosed as chorea. This appeared at the establishment of menstruation and has grown worse ever since, although the menses are normal. She is so bad now that the right hand and arm are useless and she can do no housework. Her mother has taken her to several allopaths, but they did her no good; she is getting worse as time goes on.

Upon examination the following symptoms were found:

Twitching and jerking all over.

Makes mistakes in speaking; at times omits parts of sentences.

Congestion to head at times; eyes and face get very red, after this the twitching gets worse.

Fits of anger when corrected by her mother; wants her own way and then her twitching is better.

Aggravation in morning and before menses.

Feels better out-doors.

Hands sweat.

Heedless and listless; drops things and runs against furniture, doors, etc.

After setting opposite each symptom, the remedies capable of producing it and adding up the result, these were found: *Ignatia*, *Mercurius*, *Nux vomica* and *Silicea* the most prominent. But looking at the case as a whole, *Ignatia* is the only one that has the nature of this case.

On May 24, 1898, she was given one dose of *Ignatia*<sup>200</sup>. There was steady improvement until July 12, at which time she was almost well and then the symptoms began to return again. On July 18 she got another dose of *Ignatia*<sup>200</sup>. In four weeks she was entirely well, except fingers of right hand were numb and twitched. This condition remained

until October 26, at which time another dose of *Ignatia* was given. In a few days this also disappeared and there has been no return of her trouble since.

CLINTON ENOS, M. D.

BRIGHTON, COL.

**Rhus tox. vs. Arsenicum.**

Miss K., age 23 years; tall, slender.

May 23.—Sick since 20th; night of 19th slept with window open; woke feeling very chilly; in morning went out in the dew.

Muscles of neck sore and swollen first, now arms, shoulders and front of chest.

Pain all along back up to head.

> heat.

> perspiration.

> warm drinks.

< night.

Thirst.

> lying on left side, but heart beats so then.

Must move about, comfortable only for a few minutes in one position.

*Rhus tox*<sup>45m</sup>

May 24.—Pain in back of head, shoulders and chest.

Right side of chest very bad last night, gone today.

Pain unbearable when first sitting up, then > for awhile.

Everything tastes bitter.

Tongue pale.

Jaws not as bad, pains don't go to ears as yesterday.

Legs too warm, upper part of body can't get warm.

May 28.—Pains have all gone down back and knees, sore to touch.

Can't bear to be touched, to be moved, yet must move.

Pain in spine came suddenly and lasted all night.

Menses began 27th.

Sweating much.



Moves from chair to bed, up and down.

Excruciating pain at every motion.

Thirsty for little at a time.

*Arsenicum*<sup>1m</sup>

May 29.—Had a very comfortable night, pains kind of scattered all over, not much anywhere.

Not so restless.

< after sleeping.

May 30.—Has been very comfortable; sat up 1½ hours, then had a good sleep; feels so much < after sleeping that she wishes she hadn't slept.

Menses more profuse today.

The only pain is through hips.

Can move herself easily.

June 1.—Feeling fine; too fine to stay in bed.

Hungry.

Slept well.

June 15.—Feeling as strong and well as before she was sick.

One night had pain in foot all night, otherwise no pain.

In this case time was lost by the first prescription, which was made superficially, not having weighed the symptoms carefully. *Rhus tox.* and *Arsenicum* are both restless, > heat, thirsty, < night. *Arsenicum* has a restless anxiety, while *Rhus* has a muscular restlessness. *Arsenicum* thirst is for little at a time, but often. The night aggravation usually begins at midnight.

*Rhus* was near enough to the case to start the cure in the right direction—from above downward—but did not effect it from within outward, for although the lower muscles were affected, the mental anxiety and restlessness increased, showing that the case was not fully covered.

The < after sleep is not a marked symptom in *Arsenicum*, but was found in this case.

The pulse and temperature were taken

but for some reason neglected to note them in the copy of the case.

MAYBELLE M. PARK, M. D.

Waukesha, Wis.

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**Lachesis.**

C. B., age 6 years.

Jan. 14, 1897.—Sore throat for a few days.

Got feet wet and out bareheaded.

Began on left side, glands swollen, sore.

Both tonsils swollen, bright red, dotted yellow follicles.

< hot tea than bread.

Sores on hips and around mouth.

Snuffing of nose.

Breath very offensive.

*Lachesis*<sup>40m</sup>

January 15.—Tonsils clear around edges, one large patch on right, same on left, dirty grey, thick, loose.

Feeling much >

Singing and running around.

*Sac. lac.*

January 17.—Throat still red, a small spot on right tonsil still.

January 20.—Throat clear.

Tonsils swollen, but good color.

\*Feeling all right.

MAYBELLE M. PARK, M. D.

Waukesha, Wis.

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**Lachesis.**

J. B., slender.

January 28, 1898.—Had sore throat four weeks ago very bad.

Throat began being sore on left side last night; this morning both tonsils swollen, meeting palate on each side.

Spotted with yellow exudate.

< hot drinks, cold doesn't hurt so badly.

Headache.

*Lachesis*<sup>41m</sup>

January 29.—Vomited yesterday very bitter, milk came back in curds.

Throat swollen; patches on both tonsils.

January 30.—Coughed up a big chunk of membrane.

Feels >

Looks brighter.

Hungry.

These prescriptions were made on the well known indications of *Lachesis* in affections, *e. g.*, the morning aggravation; symptoms beginning on the left side and going to the right; < from hot drinks; > cold things and solids. Many ridicule the idea that "*Lachesis* is good for the left side and *Lycopodium* for the right," and when they do so simply shows lack of observation and study of cases and remedies. If one does not know the materia medica and what symptoms a drug will cause they do not know the possibilities for disease symptoms and cannot apply one to the other.

MAYBELLE M. PARK, M. D.

Waukesha, Wis.

#### ***Pulsatilla*.**

Mr. K. L., age 28. Light hair, gray eyes, fair.

November 3, 1900.—Ear, left, discharge for four months, thick and yellow at first, then thin and white, now yellow.

Singing in ear.

Hearing impaired.

Drum perforated.

Has had local treatment.

Had "eczema" when fourteen years old on legs and arms.

A red rash, with yellow scabs, itching. < towards evening.

Lasted one month.

Treated by solution of soda, applied externally.

Hands and feet perspire.

Subject to frequent colds.

Rectum protrudes after stool.

More sensitive to heat than cold.

*Pulsatilla*<sup>12m</sup>, one dose.

November 20.—Headache, dull, slight, last week.

Seldom has headache.

Indigestion.

A hungry, gnawing sensation in stomach.

Disappears after eating.

Is subject to spells of indigestion.

Cough, from a tickling sensation in throat, similar to one he had last winter.

A thick, white or yellow mucus collects in pharynx, causes husky voice, must clear throat to speak distinctly.

November 20.—Uncontrollable desire to bite lips; they are thin-skinned and cold weather cracks them; constantly catches himself biting the skin, making the lips break and crack.

Hand, left, an eruption has appeared on dorsum, covering a space about an inch square.

Ear, no discharge.

Face, several pimples.

*Sac lac*.

December 25.—Hæmorrhoids for one week, better now; severe attack two and five years ago, for which he took *Pulsatilla*.

*Pulsatilla*<sup>cm</sup> one dose.

February 11, 1901.—Indigestion for two weeks.

Gnawing sensation in upper part of stomach before meals.

Disappears after eating, but returns in a few hours.

Aggravated at night, and seems more like the feeling one has with cramps in the stomach.

Slight nausea.

Eruption continues on hand, and is appearing on one leg.

*Pulsatilla*<sup>cm</sup> one dose.

February 23.—Cough.

< since cold weather.

- < towards night.
- < going cold to warm room.
- < talking open air.

February 23.—Eruption came on chest last week.

Eruption on hand >  
*Sac lac.*

April 14.—Ear gives no trouble.  
*Pulsatilla*<sup>cm</sup> one dose.

After a remedy has been selected and administered we begin to make observations. Each little change is pregnant with meaning to the intelligent physician. If we fail to interpret these changes then we fail miserably in the future treatment of the case. These changes may be in the form of an aggravation or an amelioration of any one, or of all of the existing symptoms, or they may be the appearance of a new set of symptoms or the return of old ones.

In the above case is illustrated particularly the return of old symptoms, some of them having been dormant for

as long a period as fourteen years.

We hail with joy the return of these conditions, for in proportion as they come back, just in that proportion the disease is curable.

We are especially glad to see old skin symptoms return, for this indicates that the internal vital parts are being restored and saved for the patient so that the functions necessary to sustain life may be carried on without interruption.

The Homœopathic physician is constantly brought in contact with cases where the whole previous medication seems to have been an effort to cover up and suppress the surface indications, with a resulting inevitable decline of the patient. Unless these external conditions can be re-established, the prognosis is never bright and the patient finally succumbs to the blow dealt by the first improvident physician.

GEO. M. COOPER, M. D., H. M.  
Philadelphia.

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## Correspondence.

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H. W. PIERSON, Chicago.

*My Dear Doctor:*—In the case of the City of Pine Bluff, Ark. vs. Dr. Wells LeFevre for refusing to be vaccinated by scarification, I regret to say that my attorneys have been unable to get a trial, though they have made all sorts of propositions to effect this, since we wished to make a test case of it. After careful investigation, the attorney for the prosecution dismissed the case and Judge Grace, presiding, commended the act by adding his personal opinion that for unwarranted invasion of personal rights this attempt surpassed anything in his knowledge.

The imposition of compulsory vaccination by scarification has thus received its *coup* in this part of the country. The feeling against it, already strong, has

been greatly intensified by this fiasco.

Only a few cases of our present epidemic of small-pox remain, and *all these are among those who have been "successfully vaccinated,"* so I hope to soon be able to report my experience with internal vaccination, which has now carried me through three epidemics without a failure up to date.

Yours fraternally,

WELLS LEFEVRE, M. D.  
Pine Bluff, Ark.

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### A WORTHY EXPONENT.

The "HEALTH-HOMŒOPATHY," it is true, is a little journal of a very high standard of purity, but in itself carries as many of the elements of failure as success both financially and as a teacher. Allow me to delineate some of the

reasons of its failure. It does not teach the physician of the present day how to make a fortune without work, or how to practice medicine successfully without learning how to cure the patient, and in this age where money is the standard it would be hard to get physicians to undertake the required study. It teaches the lay-reader how to know a true and scientific physician from the diplomed quack—so it will make many enemies. It teaches the true Homœopathic treatment which cures the patient and does not make a case for a specialist—just here there will be more enemies. It teaches the general practitioner how to cure his patient without the case running into chronic morbid conditions. It is inimical to the specialist who makes the money and will not buy the paper, and it is too expensive for the general practitioner who does not make the money to buy it by the thousands to distribute among the people. Its teachings are not pleasant to that large and fashionable class of individuals who suffer from "Hero-Mania" who have a morbid desire to be all the time telling of heroic drug taking and of a beautiful operation they had performed by a certain distinguished surgeon, and the prospect of having another operation and of how heroically they had endured the first operation, etc. In it you hang on to that antiquated aphorism that "It is the physician's first duty to cure the sick in the quickest, easiest and safest way." That is not fashionable now. Modern style says "It spoils business to get the patient well too quick" and such notions are not relished by the up-to-date ladies who never read that first of all the commandments given to man—that is "Go forth, multiply and replenish the earth" or the specialist whom they secretly patronize. Hence more enemies. I hope you will not get discouraged from these pessi-

mistic references for there may be some success. In all communities there are a few people who are oldtime, pastdate, but who have powers to think and reason and are possessed of faculties for knowing what is best for themselves and who, when they get sick, want to get well—and get well quickly, easily and safely, and who will appreciate the physician who will take the pains to investigate thoroughly, get all the symptoms possible, make careful research and find the one special remedy for that individual case, in order that they may get well as quickly as possible. Such persons appreciate the pains-taking physician and are willing to pay the bill. And the sooner the people can be educated in the great truths of scientific principles the sooner you will have a community that will appreciate the true physician who cures and then the careful prescriber who will not have to wait till the hasty prescribers have all played out and got all the money from the patients before he is called in to take charge of the case and do the work for glory, which is so often the case. Furthermore such patients will not expect the true physician to do all this work and cure the patient quickly without full remuneration for his skill and honest service.

WM. L. MORGAN, M. D.

Batimore, Md.

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#### HAHNEMANN MEDICAL ASSOCIATION.

The Iowa state society is an enthusiastic body of physicians. The meeting at Des Moines this year was large and energetic and showed a great increase in numbers and enthusiasm over the last one the writer attended at Ottumwa, when Dr. E. A. Guilbert was secretary. An old Illinoison came to our meeting at Galesburg and urged some of us to

come over and help them. That gathering was earnest—this was both earnest and enthusiastic. Then Homoeopathy was just being introduced in the state university; now it has on its staff several leading men of the state. Homoeopathy is also represented on the State Board of Medical Examiners, and ably so, by A. M. Linn, M. D., of Des Moines.

The presiding officer this year is the tall and graceful F. J. Newberry, M. D., the oculist of Iowa City. The energetic scribe is Dr. E. R. Ames, of Rolfe.

In his presidential address we learn that Dr. Newberry commended the efforts that have already been made to secure control of the new insane asylum at Cherokee, and urged that they be continued in the future. The committee to which his address was referred, consisting of Dr. F. Becker of Clermont, Dr. J. D. Burns of Grundy Center, and Dr. A. S. Hanson of Cedar Falls, took up this part of his address and seconded the recommendations that had been made. It was pointed out that the Homoeopaths of the state have control of no asylums, and therefore have no opportunity of demonstrating the efficacy of their methods of treatment of the insane. This report was accepted by the society with enthusiasm, and the matter will be referred to the legislative committee for further work.

Another matter will also be turned over to the legislative committee. The Homoeopaths will ask the next legislature to erect a new building for their use at the State University. This was also recommended in the president's address and by the committee. President

Newberry pointed out the fact that at present the Homoeopaths have only one building at the State University, which is largely devoted to hospital purposes. He declared that it did not contain sufficient room for instruction and lectures, and that a new building was needed to be devoted entirely to instruction. All of the members of the association declared themselves as of the same opinion.

Several other matters were touched upon in the president's address. Attention was called to the rapid progress that has been made by Homoeopathy in Iowa. During the past year there have been fifty additions to the number of Homoeopathic doctors in the state, making a total of over 600. A considerable part of the address was devoted to a refutation of the charges made by some that the profession was not practicing the principles of scientific reform. It was urged both by the president and by the committee that this reform be carried on in the materia medica of the profession as far as was consistent with the history and individuality of drugs.

During the forenoon some little time was given up to a general discussion. The smallpox question was taken up during the reports from the different societies. All of the doctors declared that the disease was rapidly dying out in the localities affected.

About 100 physicians from all over the state are in attendance at the meeting. They come from the following associations: Cedar Valley Association, Central Association, Council Bluffs Association, Des Moines Association, Johnson County Association, Sioux City Association.

D.

## Editorial.

### AMERICAN HAHNEMANNIAN ASSOCIATION.

The third annual meeting of this association was called to order Wednesday morning, June 19th, by the Secretary, Dr. S. Mary Ives, of Middletown, Conn. In accord with the constitution, Dr. Wm. L. Morgan, of Baltimore, Md., was elected chairman of the meetings.

The reading of the minutes of the previous year showed an important amendment to the constitution to be considered by the association. This called for such amendment of various sections as to provide for a President among the officers of this association. The matter was thoroughly discussed and the evil tendencies of politics contrasted with the benefits to be derived by establishment of an executive head who might co-operate with the regular executive committee. A vote resulted in the unanimous adoption of the amendment.

The main purpose of the meeting being the consideration of ways and means whereby the cause of Homœopathy might be advanced a resolution was presented directing the printing and distribution of 10,000 copies of such papers as the executive committee might deem profitable material for missionary efforts.

The Bureau of *Clinical Medicine* being first on the program, Dr. H. Becker, of Toronto, Ont., was appointed chairman in the absence of the regular Chairman, Dr. Olin M. Drake, of Boston, Mass. We cannot take up the analysis of each paper, but must be content with a general summary which will convey the peculiar impression made upon anyone who might be critically inclined toward the new society. In the first place its membership is made

up from Post Graduate School of Homœopathics and the most uncompromising followers of Hahnemann in the profession. The papers naturally become the best expressions of Homœopathic philosophy that the writers were capable of giving. There was a remarkable unanimity of expression, in all of the papers as well as in the discussions, but it was easy to note the influence exerted upon all of the contributors by the existence of the Post Graduate School. A certain precision of statement that was refreshing because of its demonstration of accurate, well defined knowledge of principles involved.

An innovation was ordered over the custom in other society meetings—the reading of every paper presented to the society whether the author was present to defend it or not. By so doing the members present had the benefit of the ideas expressed in the papers which added materially to the helpfulness of the meeting.

The Bureau of Homœopathic Philosophy was especially rich in valuable papers and was so arranged by the Chairman, Dr. Julia C. Loos, of Harrisburg, Pa., as to make a Symposium of Homœopathic principles.

The central thought running through the Bureau of Clinical Medicine was the great distinction between a *recovery* and a *cure*, while the Bureau of Homœopathic Philosophy emphasized the importance of differentiation between *disease* symptoms and the *peculiar* manifestations in the *individual*. The idea was so forcefully presented that the effect will never be forgotten.

By holding *three* sessions a day the

work was completed late on the evening of the second day. This was decided upon because of the disagreeable condition of the weather during the most of our stay upon Canadian soil.

The election resulted in the office of President, being filled for the first time by Dr. Julia C. Loos, Harrisburg, Pa. A worthy compliment to one of the most indefatigable workers in the association.

Dr. S. Mary Ives, was re-elected Secretary, and Dr. H. Becker, of Toronto, Ont., will collect the dues and perform such other duties as belong to his office.

Dr. Edmund Carlton, of New York City was elected to fill vacancy in the Executive Committee to serve for term of five years.

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### AMERICAN INSTITUTE OF HOMŒOPATHY.

Richfield Springs is an ideal place for the holding of a large Convention, in spite of the difficulties encountered before reaching our destination. A large hotel capable of accommodating 1000 guests was practically at the disposal of the Institute and its friends, because the season was not far enough advanced for the regular visitors of this regular Summer resort. The attendance was much smaller than usual owing in a measure to the dissatisfaction aroused by the change in the place of meeting, and the seeming inaccessible location, only about 275 members being present, which was less than one-half of this number voting for the change, and strange as it may seem, less than half of this number voted for Richfield Springs. The meeting might be pronounced a success, because several needed changes were brought about in the management and scope of Institute work. In the future, all adjunct societies will become parts of the Institute, and will hold their sectional meetings at times when the general sessions from day to day, instead of meeting two or three days prior to the coming together of the Institute proper, and each day

will have a portion of the time devoted to general medicine. It is expected that the bureaus of *Materia Medica* and homœopathic philosophy, will be reorganized as a special department similar to that of Surgery, Gynecology, and the eye, ear, nose and throat, and thus bring into the institute the best workers and students in this important and distinctive department.

The time and place holding the next meeting of the Institute is left over for future consideration, it being virtually in the hands of the membership in the west, to provide a quiet, suitable location outside of large cities, where everything may be contributed to the success of the Institute, with nothing to draw the attention of the members from that which calls them together.

The officers for the ensuing year, are Dr. James C. Wood, of Cleveland, Ohio, President; Dr. Ch. Gatchell, of Chicago, Corresponding Secretary, and Dr. T. Franklin Smith, of New York City, Treasurer, and Dr. Wilson A. Smith, of Chicago, for Recording Secretary.

A more extended notice of the work of the Institute will appear in a subsequent issue.

## PAN-AMERICAN EXPOSITION.

"The Rainbow City" is well named. The color effect was designed by an artist and execution of the same was entrusted to competent hands. From an artistic standpoint the "Pan American" surpasses the "World's Fair" in beauty of design, blending of colors, and elaboration of electrical display. It pleases the eye of the humblest observer and gives exquisite delight to the cultivated senses of the artist. The most favorable time for the enjoyment of its beauties will be found after the shadows begin to lengthen and you can sit with comfort in the shades of some of the many colonnades while the eye notes the delicate blending of color upon the most perfect types of pure architecture and the ears receive the harmonious sounds from Sousa's Band. At eight o'clock there is a moment of expectancy, the light die out and all sound is hushed. It marks the turning on of the full electrical current and the most brilliant illumination ever witnessed by man. You are conscious of a faint light without being able to detect the source. Gradually the globes becomes discernible when all of a sudden the light bursts forth and the music accents the glad event with notes of a joyful refrain.

The exhibits are varied and attractive to many; but in any large city their couter-part may be seen at any time. The various states of the Union have contributed almost the entire exhibit. It is called the "Pan-American" but in reality it is a fine exhibition of the development of our own people in every department of life.

It is the "Midway" however that draws the crowd. The time intervening between the introduction of this feature of entertainment in the "World's Fair" has been profitably employed by the caterers to "vaudeville" and today

all classes may find pleasing entertainment in the "Midway."

Within the space of three hours (we plead guilty) on the afternoon of June 22d, forty seven members of the American Institute were greeted on the Midway and we were told that the rest of them would show up before the gates were closed.

For the benefit of those who are to come after us will select from the list those offering best value for money received.

"A Trip to the Moon" and "Darkness and Dawn" are owned by the same company and for spectacular effects lead all others.

As typical illustrations of national life, the following are attractive in the order in which they appear: "Streets of Mexico," "Indian Congress," "Beautiful Orient," or "Streets of Cairo," "Old Plantation," "Phillipine Village."

Of the Cycloramas both the "Battle of Missionary Ridge" and "Johnstown Flood," are very realistic.

"Bostock's Animal Show" is a show in one itself. It has no peer and the crowds show their appreciation in many ways.

There are many other attractions, but our limited time prohibited further investigation.

A question of great importance is that of transportation. There is great competition among railroads for business in everything but rates. The equipment of the special trains are excellent, but we saw no train coming into the Exchange Street Station at Buffalo, that surpassed the "Pan American" Special on the "Michigan Central." The running time between Chicago and Buffalo is nearly two hours less than the New York Limited, which charges excess fare for all through passengers.

The price of rooms have "gone up" out of all reason, but meals are furnished at reasonable rates if you don't tell them that you are a stranger to the city.



EDITOR'S TABLE.

San Francisco is to have a new Homœopathic hospital to cost \$35,000.

Dr. John A. Gann, of Wooster, Ohio, who was seriously ill, has recovered.

Bridgeport, Conn., loses and Norfolk gains the services of Dr. Samuel Adams.

Dr. J. Perry Seward has removed to No. 200 W. Seventieth street, New York City.

Dr. Emmet L. Smith, of this city, has removed to No. 451 E. Forty second street.

The address of Dr. B. A. Sawtelle will hereafter be Southington, Conn., instead of Norfolk.

Dr. H. S. Pelton, of Oakland, Cal., was frozen to death in a recent Cape Nome blizzard.

Dr. A. A. Eikenberry has been honored by his fellow citizens of Peru, Ind., he being president of the Board of School Trustees.

Dr. Jennie L. Hildebrand has resumed her practice in Honolulu, H. I., after a year's absence.

Efforts are being made by the Washington, D. C., health officer to have a "no spitting" ordinance passed.

Dr. W. Gordon Emory, of Washington, D. C., has taken unto himself a wife, who was Miss Jennie M. Hayes, of Middletown, N. Y.

Dr. W. W. Gilbert, business manager of the *Clinical Reporter*, St. Louis, was married to Miss May Gilman of that city on June 4.

Dean W. B. Hinsdale, of the Homœopathic department of the University of Michigan has been appointed health officer of the city of Ann Arbor.

The business of the Episcopal Eye, Ear and Throat Hospital, of Washing-

ton, D. C., having outgrown its present quarters, a new building will be erected.

Dr. A. K. Crawford, formerly of Chicago, is editor of the *Herald of Health and Homœopathy*, San Francisco, having succeeded the Boericke & Runyon Co.

Dr. Bayless Chamblin and Dr. Geb. Mellies were elected president and secretary respectively of the St. Louis Homœopathic Medical Society at its recent meeting.

Dr. Wm. Boericke, of San Francisco, was elected president of the California State Homœopathic Medical Society at its meeting May 1, 2 and 3, at Avalon, Santa Catalina Island.

Dr. M. F. Underwood of San Francisco has gone to Mexico to practice his profession. His address is care Companie Minera de San Vicente, San Dimas, Durango, Mexico.

The Röntgen society of the United States will hold its second regular meeting at Buffalo, N. Y., September 10 and 11. The President of this Society is Dr. Heber Robert of St. Louis.

Dr. H. H. Coburn, of Pawnee City, Neb., knows of four good locations for Homœopathic physicians in his state. Good crops made good times and money is plenty. If you wish to make a change, write the doctor.

Governor Dockery, of Missouri, has appointed John T. Thatcher, of Oregon, a member of the State Board of Health, he being the only follower of Hahnemann on the board. As now made up, the board is composed of five allopaths, one Homœopath and one eclectic. Kansas is more liberal, her board containing three allopaths, two Homœopaths and and two eclectics, no school having a majority.

## MATERIA MEDICA MISCELLANY.

EDITED BY GEO. L. KNAPP.

**Arsenicum hydrogen-poisoning.**—The following interesting cases, as recorded in the *British Medical Journal*, confirms many of the symptoms found in *Allen's Encyclopedia* and adds something to the record.

Ten men were exposed. In all of these cases there was jaundice. In eight of them it was intense. In two only could it be described as slight. In nine also there was hæmaturia. Intense thirst and a burning pain in the chest characterised the onset and earlier stages of all the cases. Diarrhoea was troublesome in five, and all the cases, with the single exception referred to, suffered from profound anæmia in the later stages of the disease. The effect on the nervous system was more or less severe in nine. In six of these the prostration and collapse was very severe.

It is only necessary to quote one case as typical of the series, that of the foreman, who was engaged in emptying bags into the vat: "He was a robust, powerful man, and had been engaged at this particular work for sixteen years. If there can be such a thing as immunity to AsH<sub>3</sub> he should have afforded an example. He had been at work there all the morning, and left his work at 2 p. m. At 2:30 he felt sick, nauseated and depressed, with a hot, burning pain from his throat to his stomach, and with an intense thirst. This was soon followed by violent vomiting, at first of food, then of everything as soon as swallowed, even iced water. This again was followed by an equally severe diarrhoea; the discharges were at first loose faecal matter, then rice-watery, and finally contained blood. Added to this there was hæmoglobinuria and a rapidly developing jaundice, which within twenty-four hours assumed an intense coppery hue. As is usual in these cases, and without any knowledge of the surrounding circumstances and the obvious cause, a diagnosis of cholera would have been pardonable within the twelve hours. The whole effect was that of an irritant poison taken by the mouth, being evidence that the arsenic in the gaseous state was absorbed by the blood direct from the lungs, and in its passage through the walls of the stomach, was separated there and acting directly. Doubtless also some may have been swallowed in the saliva. The feeling of depression deepened into extreme prostration, the features were sunk and cyanosed, the pulse thready, and the voice lost. These severe symptoms lasted with gradually diminishing severity for several days. The

feeling of prostration, the anæmia, the almost pale green color of the skin which supervened on the disappearance of the jaundice, lasted for several weeks longer, and it was only after the lapse of five weeks that he was able to return to work.

\* \* \*

**Crocus Sativa in Hysteria.**—Mrs. D., aged twenty-six years, complains of a lump rolling around in her abdomen; it has troubled her for a year and a half; she is subject to marked changes from hilarity to the greatest despondency. The appetite is good, but there is a bitter taste in the mouth on awakening. Menstruation is frequent and is attended with a great deal of pain; at this period there is marked tenderness in the uterine region.

Physical examination failed to show any lump and all the organs of the body were in a normal condition apart from the pelvic organs, which were hypersensitive, otherwise they were normal; *Crocus sat.* 12x, and later the 30th potency, completely removed the sensation.—*M. Hom. Review.*

\* \* \*

**A Note on the Hellebores.**—It would seem from old herbal works that almost every poisonous plant in ancient times was termed a hellebore.

Thus among the hellebores are found *Aconitum napellus*, *Eranthis hyemalis*, or Winter Aconite; *Veratrum album*, *Veratrum nigrum*, *Veratrum viride* (though, of course, not in old works, as it is of recent introduction, being an American plant), *Helleborus niger*, *Helleborus viridis*, besides other Ranunculous plants and many of the Solanaceæ.

Here, then, is material for almost inextricable confusion; in fact, it is impossible for any one unacquainted with elementary botany to distinguish between some of these plants. For example, the White American Hellebore is *Veratrum viride*, the White Hellebore of England may be *Veratrum album* or *Helleborus niger*, the Black Hellebore of Europe may be *Solanum nigrum* or the *Helleborus niger*, and the Green Hellebore may be *Veratrum viride* or *Helleborus viridis*. Any one who has seen these plants, and knows the natural orders to which they belong, can have no difficulty in distinguishing between them. Thus *Aconitum nap.*, *Eranthis hyemalis*, *Helleborus nig.*, *Helleborus viridis* belong to the Ranunculaceæ; while *Veratrum alb.*, *Veratrum*

*nigrum* and *Veratrum viride* are very similar in appearance and belong to the Melanthaceæ, and the *Solanum nigrum* to the Solanaceæ, this last being thus allied to *Atropa belladonna* and *Atropa mandragora*.

That some of our poisonings by *Aconitum napellus* were in reality poisonings by *Eranthis hyemalis* I am inclined to think from the little mention that is made in our text books of this very common variety of Aconite, the Winter Aconite or Winter Wolfsbane, and also from the symptoms I have found cropping up as aggravation from single doses of it.

However this may be, it is unaccountable how little mention is made of *Eranthis* in our text-books in connection with the subject of *Aconitum nap.*: it seems to take a place midway between *Aconitum nap.* and *Helleborus niger*, but in its action it fixes upon the respiratory organs much more pronouncedly than either, and produces from the first a difficulty of breathing; at least this is my limited experience with it. *Flora Historica* (vol. i., pages 22, 23), by Henry Phillips, F.H.S., London, 1824, gives this account of the plant: "The Winter Hellebore, *Helleborus hyemalis* [or *Eranthis hyemalis*, R. T. C.], blossoms with a yellow flower in February, and is, therefore, a proper plant to give contrast to the snow-drop, either in wilderness walks or under trees in the shrubbery. It grows wild in mountainous situations in Lombardy, Italy, Austria, Silesia and Switzerland. Our early writers call it Winter Wolf's bane, Small Yellow Wolf's-bane, Yellow Aconite and Winter Aconite. It should never be allowed a place in the kitchen-garden, since fatal accidents have arisen from mistaking this root for that of horse-radish. No longer back than January 3rd, 1822, an inquest was held at Frodsham, in Cheshire, on the body of Mrs. Gorst, who died in consequence of eating this root, it having been brought to the table for horse-radish. Her brother-in-law was near falling a sacrifice at the same time."

But the most serious source of confusion has arisen respecting *Veratrum viride* and *Helleborus viridis*. These plants are essentially different; *Veratrum viride* being an American plant—the White Hellebore of America, so that while the Latin name gives it as the Green Hellebore, its English appellation is White Hellebore!

It is the proud claim of Homœopathic writers that they have, by proofs upon the healthy, established the fact that an essential difference exists between the effects of *Veratrum album* and *Veratrum viride*. The difference in action of these two drugs is, I feel sure, very greatly exaggerated. At all events when I read such

cases as the following most instructive poisoning, quoted by Dr. E. M. Hale, under the head of *Veratrum viride*, I may be allowed to be skeptical as to the wonderful accuracy of the conclusions thus come to. The case was reported by Dr G. M. Edwards, Assistant Physician to St. Bartholomew's Hospital, and runs thus: "On Thursday evening, December 18th, I was summoned to see a gentleman, a scientific chemist, who had taken, experimentally, one drachm of tincture of Green Hellebore, equal to about twelve grains of the powder." The Green Hellebore of England is not *Veratrum viride*, which, as I have shown, is the White Hellebore of the States, but it is *Helleborus viridis*. The report goes on: "On my arrival I found him in the water-closet vomiting into the pan. His features were sunken, skin cold, and covered with a profuse clammy sweat; his pulse quite imperceptible. He complained of intense pain about the epigastrium. The vomited matter appeared to consist at first of the food and contents of the stomach, afterwards of glairy mucus."

The report then proceeds: "The surface of the body was very cold, especially the extremities. The clammy sweat continued, but the pulse could be felt indistinctly, beating very feebly and irregular, forty-four to the minute."

Here we notice an absence of the head and spinal symptoms of *Veratrum viride*, and the report goes on to note an absence of diarrhœa throughout, showing a marked difference from *Veratrum album*, if not from *Veratrum viride*.

Then follows an account of the patient's own feelings. He says: "Before taking the dose of the tincture I had consulted Pereira, and finding Dr. Meade's dose of the tincture *Helleborus niger* to be two teaspoonfuls twice a day, and knowing the Green Hellebore to be of the same tribe, I considered, in taking one teaspoonful, I was rather under than over doing it."

Thus it is conclusive that the drug taken by Dr. Edwards' friend was *Helleborus viridis*, which belongs to the same order of plants as the *Helleborus niger*, and does not belong, as *Veratrum viride* does, to the Melanthaceæ.

It is most unfortunate that Dr. E. M. Hale should, in all the editions of his admirable work on the New Remedies have made such a serious blunder as this, nor can I think how it has remained so long uncorrected.

It would be easy to show that mistakes of this nature are of frequent occurrence; and this being the case, it would be far better to cease from speaking so confidently upon the action of *Veratrum viride*. Thus Dr. Lauder Brunton, in his work on the Actions of Medicines, at page 130,

writes in reference to antipyretics: "The chief examples of this class are Aconite and Digitalis, and a drug much used for this purpose in America is Hellebore"—evidently meaning by Hellebore *Veratrum viride*, the White Hellebore of the States.

To go on with the scientific chemist's narrative. He states that the drachm of the tincture (*Helleborus viridis*, as it plainly was) was taken at about 4:30 p. m.; that he then went upstairs and took a cup of tea to relieve the uneasiness of his stomach, and then he goes on to describe most important symptoms, some of which I purposely italicise; "but," he says, "the *uneasy constriction of the stomach* continuing, with a *tendency to sickness*, made me retire to the water-closet. The sickness once commencing, soon became alarmingly violent, with the *most excruciating pain in the lower part of the stomach, the pain extending to about the size of my hand*. The feeling at the seat of the pain was, that *all the warm tea, water, etc., that I took to provoke the vomiting, were under the pain, making the constriction more and more violent.*"

From this description I gather that a painful contraction set in in the *lesser* curvature of the stomach, and that the feeling of the tea, water, etc., going *under* the pain arose from this circumstance. This is just the kind of pain we may expect to find in malignant disease of the greater or lesser curvature of the stomach, and from this I conclude that the *Helleborus viridis* is unquestionably of remedial importance in malignant disease of the stomach.

Whether it produces the precise tissue change denominated cancer or not matters no more to me than it would have done to Hahnemann himself.

It would be interesting to follow up the important matters that might very profitably be discussed under the heading of the "Hellebores," but my object in writing this has simply been to remove a very obvious misconception regarding *Veratrum viride*, namely that provings of *Helleborus vir.* can in any way be accepted as illustrative of its action.—*Homœopathic World*.

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**Homœopathic Medication in Insanity.**—In melancholia *Arsenicum*, *Actæa rac.*, *Mercurius*, *Ignatia*, *Nux vomica* and *Sulphur* are frequently prescribed, and many others as the cases seem to demand. The great physical depression and functional inactivity usually present in melancholia point, in a general way, to a certain class of remedies and cause us to seek within their field the special indications. In

simple melancholia *without* suicidal intent, *Actæa rac.* is of great value, and should be more frequently prescribed than it is. It is especially adapted to cases occurring at the menopause and in pregnant women, who have a miserable dejected feeling, great mental depression, with sleeplessness. Feels as if she would go crazy, fears death, and has a sensation as of a heavy black cloud settling down over the head, and weight in the precordial region. Is suspicious of everything and in a general inactive condition. When the rheumatic diathesis is present, especially affecting the muscular system, it will be more than ever indicated. Hale records cure with the first decimal, and Dunham with the two hundredth; thus we see if the remedy is properly selected, the potency is not of importance.

*Arsenicum* impels to *self destruction*, as does *Anacardium*. Has hallucinations of sight and hearing, of vermin and frightful objects, dread of impending death, and gloomy forebodings, with the physical conditions corresponding, namely, general emaciation, restlessness and a condition of adynamia. Our records will show numerous cases satisfactorily and successfully treated with *Arsenicum*.

*Aurum met.* also has marked melancholia, thoughts of suicide, but not so prominent as in *Arsenicum*. Has great mental depression and self-abnegation. It is most frequently indicated when the mucous, glandular and osseous systems are involved, also in post-syphilitic conditions. I will say, however, that it has not met my expectations and is not so frequently used as formerly.

*Lilium tigrinum* has fears of becoming insane, suicidal thoughts, religious forebodings, etc. The symptoms under this remedy are usually the result of an abnormal or diseased female sexual system.

*Veratrum album* has a wide range of action in mental diseases, melancholia being the leading indication. It covers, however, a long list of mental symptoms.

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**Mania.** In mania *Belladonna* heads the list. Many cases of acute mania present almost a complete simillimum of *Belladonna*. *Belladonna* has its chief centre of action in the cerebrum. The brain and its membranes are involved in active congestion and inflammation. The sensorium is prominently affected, giving rise to delirium, hallucinations and delirious mania, stupor or insomnia. The somatic activities are greatly disturbed and increased. In acute delirious mania these symptoms are acutely accentuated. *Belladonna*, therefore, becomes the most fre-

quently prescribed remedy on the list, for even in melancholia there are occasionally acute maniacal stages wherein it is indicated.

*Hyoscyamus* is next in order of usefulness and resembles in many ways *Kali brom.* (This kali, by the way, is particularly effective in mania occurring from alcoholism, or the puerperal state, and is much more often useful from a Homoeopathic standpoint than any other.) *Hyoscyamus* holds a positive, well defined position between *Belladonna* and *Stramonium*. It does not produce the intense cerebral hyperæmia of the former nor the great degree and variety of maniacal excitement of the latter. Loquaciousness, obscenity, foolish and hurried talk, illusions and hallucinations not unlike those of *Stramonium*, are characteristic of this drug.

*Stramonium*. Probably no remedy presents such an array of marked and striking symptoms of illusions, hallucinations and delusions as *Stramonium*. It was used in insanity long before the law of Homoeopathy was known or before Hahnemann was born, but the aggravations from its use in too large doses was early recognized. These symptoms involve both sight and hearing, and are often in reference to all manner of living things and natural phenomena. Desires to escape, changes as to his corporeal being, incoherency, screams, laughter, disturbed rage, fear of death and all sorts of somatic symptoms are present. *Stramonium* also presents a most perfect picture of hydrophobia, for which it has long been used, with marked aggravations from light, bright things, and water.

*Kali phosphoricum* has a wide sphere of action on the brain, and its symptomatology covers many symptoms of mania as well as melancholia. It is especially indicated and successful in the

young. Cases in which there are marked disturbances of the sympathetic nervous system make it doubly useful.

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**General Paresis.** Nothing can cure a confirmed parietic. Something may be done in the early stages to retard its progress, control the mania and stay its irretrievable advance. There are two remedies worthy of special mention in this connection. First, *Alcohol*. Dr. Talcott, of Middletown, especially advises its use in stuporous and besotted conditions so frequently present. He claims that he has seen marked relief from its use. Surely, the indications are characteristic.

*Macrotine*, the active principle of *actæa racemosa*, I recommend from personal experience. It is best applied in the earlier stages when the general weakness and tremulousness is appreciated by the patient. It differs, however, from *cannabindica* or *coca* in which there is hyperstimulation of the imagination, or a sense of strength and physical vigor. The last two remedies will often be of service. Cases due to syphilitic origin require specific treatment for the same. I have seen most marked results from the use of an attenuation of nitric acid when the preparations of mercury and potash have failed to give relief.

In this short and hasty review I have only intended to present a few of the leading remedies and their characteristics relating to the mental state. Every year makes us more confident of the value and efficiency of our weapons against disease, and it is a satisfaction to look over our prescription book, now in its eighth year, and see how infrequently narcotics, placebos or drugs for chemical restraint are resorted to.—*Pacific Coast Journal of Homoeopathy.*

## **Book Reviews.**

**Practical Occultism** by Ernest Loomis. Published by the author at Inwood-on-the-Hudson, New York, City.

Few realize the wonderful potentiality of the forces within the body. It is apparent to every observer that there is a fearful amount of force wasted every day, and that knowledge of the ways in which human nature may best be developed, would be a precious boon to humanity. Occultism assumes that the secrets of life may be discovered by any patient student and utilized to the great advantage of the possessor. This little book consists of seven essays upon the following important topics: Occultism in a Nutshell; Marriage; How to Create Opportunities; Your Talents; Health; Health Receipts; Methods of using Occult Power. The secret of success is to be found in the faithful employment of the knowledge already possessed and the concentration of forces which enables one to focus every power upon one point at a time, until a fixed result has been accomplished. This power comes with the conviction that the source of all power is within and only waits our development.

This book is practical and consequently valuable to any one who would know himself and the price (\$1.25) reasonable.

**International Clinics Vol. 1, Eleventh Series.** Published by J. B. Lippincott Company, Philadelphia

The quarterly appearance of these reports have established a place for them in current literature that can be filled by nothing else. The clinical lectures contain the best and most modern ideas upon the subject from the "old school" point of view. The specially prepared articles are upon timely topics which shows the spirit of unrest and dissatisfaction with the results of investigation along lines adopted by the profession at large.

**The Science and Art of Obstetrics** by Sheldon Leavett, M. D., Prof. of Obstetrics in Chicago Homœopathic College. Published by Halsey Bros. & Co., Chicago.

Is there a Homœopathic obstetrician

who does not possess a copy of Leavett's Obstetrics? It stands on a par with Guernsey's Obstetrics from a therapeutic standpoint and in addition contains the highest exposition of the surgical art known of the present day. Both the "indicated remedy" and the mechanical requirements are given due consideration, while many practical suggestions are found under ever topic considered. This work will become one of the classics of homœopathics literature.

**Fischer—Infant-Feeding in Health and Disease.** A modern book on all methods of feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M. D., attending physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 Illustrations, with 16 Charts and Tables, mostly original. 368 pages, 5¼ x 8 inches. Neatly Bound in Extra Cloth. Price \$1.50, net. Delivered, F. A. Davis Company, Publishers, 1914 Cherry st., Philadelphia, Pa.

Our readers are somewhat acquainted with the views of Dr. Fischer and will be desirous of having the careful analyses of the effects of different kinds of prepared foods in the treatment of children.

It is important to know the *effects* produced by the various factors entering into the environment of the infant and to know the means to be used for the *removal* of the same *before* remedial agents are to be employed. This book gives the most concise statement of these problems of any that we have in our possession. Study it carefully before the season is upon you and many lives will be spared that otherwise would be lost. It is a pity the doctor is ignorant of the Law of Similars for his results would be a marvel of the age.

# The Hahnemannian Advocate

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## Materia Medica.

### THE SYMPTOMS AND ASPECT OF SUCH CASES AS PRESENT AN UNFAVORABLE VIEW AND CAUSE AN UN- FAVORABLE PROGNOSIS.

J. T. KENT, A. M., M. D., PROF. MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

The difference between a symptom complex and a symptom image is partly a question of knowing from training and partly from experience. To one who knows the totality as written out may mean a clear symptom image and a sure index to a remedy the patient needs, which generally goes with a prediction of speedy recovery.

To one who lacks training and experience the totality, as written out, is a complex of symptoms that means chaos. As one gains knowledge by training, reading, and experience, the symptom complex is less common until he is capable almost at a glance of saying of some cases ever so carefully taken that the whole case has the stamp of complexity. Yet some of these after much study will reveal the image in the totality and it can be seen what is the remedy. But it must be known of any case so long as it is chaos, just so long a favorable prognosis is to be withheld.

In this question there is ample room for artistic perception and judgment to manifest themselves, but there are scientific rules to be followed which constitute the foundation of art and experience. The beginner who has been

properly taught may soon be able to judge of the relative magnitude of a given record of symptoms, and know to which class it belongs.

There is more to be learned about diagnosis and prognosis by studying the complex of symptoms than by any form of physical examination, but both and all methods of investigation should be used as they confirm each other and often where one is defective the other is strong and helpful.

To know symptoms in cause, beginning, purport, direction and ending is only that acquaintance with sickness so often urged by Hahnemann.

To distinguish the symptoms that are natural or common to fixed morbid states should be the earliest acquirement of the physician, in order that he may learn to discover what is queer and unaccountable.

To distinguish an incongruous symptom complex can scarcely be expected until one is able to say what is required in any symptom totality to constitute it harmonious.

Experienced homoeopathic observers know very well that the *burning, stinging, enlarged glands, infiltration, hard-*

ness of the part, *weakness*, *loss of flesh* in a scirrhus of the mamma will not lead to a remedy that will act *curatively*; also that *œdema* of extremities, *weakness*, *albumen* in urine and *heart* symptoms, *dyspnœa* and *anxiety* furnish no basis for a remedy for the *patient*. All know that remedies given on such symptoms are only expected to comfort and will not restrain the progress of disease nor very much prolong life.

All know that the above manifestations are the representatives of the *sickness* that has ultimated upon the patient, but do *not* signify or show forth the signs and *symptoms* of the *patient*. The *particulars* of the *disease* are there, which are the common symptoms, but the *generals* and *particulars* of the *patient* are left out. Now it matters not whether these generals and particulars are masked, suppressed by previous drugging or never existed, except in the ancestry of the patient, they must be discovered in any case or a favorable prognosis cannot be declared. It simply sums up by distinguishing from well settled evidence, what is order from what is disorder.

It is not to be doubted that sickness may appear in order or in disorder. *Many or most sicknesses will appear in an orderly form if permitted to do so.* The *acute* sicknesses all have *order* so that we are able to declare their course and termination. Many *chronic* sickness present a *form of order* which is well known to observers. The *order* so far as knowable is a *guide* to distinguish that which represents the *disease*, from that which represents the *patient*. The hysterical patient presents an incongruous symptom complex that always deceives the neophyte. It seems natural to gather all these queer incongruous fluctuations, imaginations and sensations and prescribe for them. Who has not done just this thing? Who has not

had his lingering cases over which he has toiled for months while the patient improved in no manner and the friends wondered if the doctor was ever to be of any use.

When one has learned the nature of hysteria he sees that he has been trying to *fit the remedy to the hysteria* and not to the patient. The writer has been asked to prescribe for such cases many times when the symptomatology was beautifully presented, where the hysteria was there in all of its richest neurologied exaggerations, but not an idea could be drawn from it to portray the state of the patient. Such a case remains incurable until the symptoms that stand for the patient are also known. These generally are found, if they are discovered, to be changes of desires and aversions, loves and hates. These are most difficult to secure as every hysterical patient conceals her real loves and hates and relates such as are not true of her, hence it requires the skill and power of an experienced strong mind, which cannot be deceived to question her when she has lost her guard.

This case is incurable until the case can be taken in a manner to represent what is true of the patient. It is always true that, what is predicated of the disease is easy to secure but what is predicated of the patient comes out under difficulties by cross-examination or by accident and prolonged observation.

Let it not be supposed that the *symptoms* that are predicated of the *disease* are to be ignored or considered valueless in selecting the remedy, but they are to be considered *subsequently* to the *symptoms* that are predicated of the *patient*, and it has often occurred that a remedy has made brilliant cures when it suited the patient, even though it was known to possess a strong likeness of the disease (?). But let the likeness be first to the patient and last to the dis-



ease. The patient is first and the disease is last. It is like initiation, direction and termination.

In the prospective phthisical patient we see a patient with few symptoms of the patient himself, but weakness, loss of flesh, anæmia, coldness, tired from all exertion, bad reaction, easily disturbed by eating, drinking, exposure, loss of sleep and weather changes. These states are common to so many remedies that it will at once be seen that the patient is not represented and no promise can be made though there is no sign of tubercles. A favorable prognosis must be withheld until a series of carefully selected remedies has been used and the symptoms that represent the patient begin to appear, such as mental symptoms and other generals too well known to need description. There is enough to be told about this subject to convince anyone who thinks with his head, that a knowledge of diagnosis and prognosis is not limited to the traditional Doctor as is claimed. Indeed the most of this quasi learned class investigate with their heels like the mule instead of their heads, i. e., they go about things to kick them into pieces and not to know them. They do not love the truth for the sake of the truth.

There are three conclusions to be put into axioms:

First. When there are tissue changes with no symptoms to represent the state of disorder in the economy.

Second. When there is a complex confusion of particulars and no generals.

Third. It does not follow that the patient must die because the symptoms are such as to persuade the physician to withhold a favorable prognosis. It may only mean a lingering sickness.

[This paper should be read and then carefully re-read until order begins to appear out of the seeming confusion. A superficial reading will fail to reveal the significance of many of the statements presented and a single reading will be apt to leave an impression contrary to that intended by the author. The first point that will bear emphasis is the fact that we must so carefully study the *natural* course of disease that we will be able to determine to what degree the *individuality* of the patient has *changed* the nature of the disease. The next point that is liable to provoke controversy is the statement that the *characteristic* symptoms of the *disease* will never lead to the *curative* remedy. This furnishes the key to the whole matter and a failure to recognize the significance of this statement will cause the reader to grope about in semi-darkness in his search for the *curative* remedy until he will have exhausted the patience of his patient. The third point gives the solution to the difficulty. Seek for the *generals* and then the *particulars* of the *patient* and find the remedy that most perfectly corresponds. Then add to this *totality* the picture containing the *particulars* of the *disease now present* and you will have the *first totality*. —EDITOR].

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## THE REPERTORY AND HOW TO USE IT.

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"The physician's highest and only calling is to restore health to the sick, which is called healing."

In old physics, which is called the science of medicine, there are no fixed

laws or rules by which remedies could be selected to suit the individual case at hand, hence it never was and it is not a true science based on natural laws, and never until 1795 when the light dawned

upon Hahnemann and revealed to him a system of fixed laws by which remedies could be selected by symptoms, and not by arbitrary and uncertain names of diseases, to suit any individual case of sickness that is curative, which remedy, if properly managed, will restore health. Hence we may without any fear of successful contradiction say that Homœopathy as given by Hahnemann and the laws which he formulated for us to be governed by, constitute the only true science of the healing art, which if followed up will always give a curative remedy and really the best treatment for the sick that has ever been known. It is a true science because it gives rules derived from nature by which the physician can find the remedy that is curative in natural sickness and will give relief without the opinion of anybody or any man of any position, but that these laws and these rules and all connected departments, as *The Organon*, *Materia Medica*, Homœopathic philosophy and chronic diseases require the physician to be posted in how to examine a patient and find the remedy, and as it is so entirely different from all other methods of treatment, the physicians of any other school who never learned or never devoted an hour's time to studying those principles, or the methods of using them, cannot be correct judges, and it is useless and even wrong to pay any regard to their opinion on a thing that they know really so little about, or if they think they know, when closely quizzed they will always be found on the wrong side and not understanding it at all. Now when the Homœopathic physician has the truth and the evidence of the case, justice and right on his side, he should spare no pains whatever under any circumstances to learn everything that is to be learned pertaining to the subject, to make himself thoroughly acquainted with the *Materia Medica*, the

*Organon* and the logical working of the system.

Now for a review of the amount of work that it requires. We find in our *Materia Medica* nearly two thousand remedies which have been well or partially proven; we may calculate two hundred symptoms to each drug, making 400,000 symptoms, and each symptom has a special value of its own, and it may be found at any time by examining the sick patient that this one symptom is the key to the remedy that will restore order to the case. It may direct the attention to the only remedy that is known to the *Materia Medica* that will cure the case, and when we see the vast amount of symptoms, the great variety of combinations of symptoms, and the accuracy required in selecting the drug on which the patient's life is depending, as well as the physician's reputation, then can we possibly think that there can be any excuse for the physician neglecting any of the means by which he may readily find that special remedy? Now considering this vast amount of material and the amount of brain work required and the great responsibility of the physician and also his great anxiety to cure his patient, would it be reasonable to expect him to succeed properly without some aid to his recollection? Not only his recollection, but an assistance to find a remedy that perhaps he has never known before, to be the one which will come to his relief on this occasion. Now when accuracy is required let us consider the other professions where help is needed to keep the mind straight and aid the recollection. The lawyer before the court never pretends to quote law from memory or recollection, but always picks up the book and reads it to the jury and court. The clergyman in rehearsing his prayers always keeps the book before him in order that every word shall be accurately

expressed; then why should a physician, when he has his own credit, his own reputation, and the life of the patient, the happiness of the patient's friends at stake, pretend or represent to the people that he has a recollection of all the resources of his vast *Materia Medica* at his hand, without the aid of some assistance? Here comes the great importance of the repertory. The repertory which is a recollection of material, or storehouse of information, so arranged as to be ready for convenient use, is an index to the vast volume of symptoms in our *Materia Medica*.

In the beginning of the past century, when Hahnemann and his disciples only had a few remedies proved—about fifty well proved—they commenced to arrange repertories or indexes by which they could aid the recollection and find the remedy that would exactly suit the case. As they progressed further, they improved on the repertories, enlarged them, arranged the different schemes—which work is still progressing along with the vast additions to the number of remedies and drug provings—the *Materia Medica*.

Until now we have been reaching a long way towards perfection. One lamentable fact is that at the present time, under the system of what is called—for the sake of name—"Modern Homoeopathy," it appears that the *Organon* and the repertory are very little taught in any of the colleges. To investigate the thing closely, there is a large per cent of Homœopathic physicians who really do not understand the use of the repertory when they leave college and perhaps few of them ever learn to use it afterwards, and what is worse, very few articles ever appear in our medical journals explaining how to use or advocating the use of the repertory. Hence, a few words on that subject may be in place, in order to simplify the matter to any

physician so that he may in a very short time learn to manage the most difficult cases by its use.

In order to use the repertory to the greatest advantage it is necessary to have the case properly written.

First write a full description of the patient as briefly as possible, describe all *general* symptoms that belong to the patient, then describe all the general disease symptoms, such as would be necessary to make a diagnosis, giving locality, direction and character of symptoms, sensations and modalities that particularly belong to the case as guides to the individual remedy, the simillimum in the case; write symptoms as near as possible in the language and style expressed by the patient.

Then read over and study the case, carefully select and mark three of the most prominent symptoms in the order of their importance.

Then examine the section or sections where the symptom belongs in the repertory and find the one remedy that is prominently indicated in each of the three, and if two or more remedies stand equally prominent, then take the next important symptom in the case and then another till the one remedy is found that goes farthest through the symptoms.

Then compare that remedy with all the other symptoms and modalities in the case with repertory, through each section, and the provings in the *Materia Medica*, and see that the symptom is expressed or implied in the proving. Mark it in cipher—an abbreviation is better—with red ink or pencil, just above the symptom.

This method is adapted to any or all repertories, but the latest and most complete should be selected to get the most perfect results. T. F. Allen's translation, with additions, of Boëninghausen's *Therapeutic Pocket-book* is perhaps the most convenient and useful for general

use, but the most complete, thorough and comprehensive now in use is that of Dr. J. T. Kent, which comprises the entire *Materia Medica* up to 1897.

Then perhaps after the lapse of time when that remedy has had sufficient time to do what work it is capable of doing, it may be found that it has simply changed the case by removing some symptoms and may have developed some others, which give a new picture of the case; when the case must be re-investigated in the same way, and the new remedy selected by the above method, given sufficient time to work its part in the case, and when it has exhausted its effects another new picture may be brought out, requiring a new selection, which should go through the same process with greater care than before. One important part in this is not to be too hasty in changing the remedy, but give it proper time to perform all the service it is capable of doing before it is replaced by another.

I would like here to refer to the fact that the laws of Homœopathy are fixed laws of nature, the system is complete in every part, every part closely fitting with the other parts, making a perfect system and a true science. A science based on logic, philosophy and really having many resemblances to mathematics; like any calculations of arithmetic, it is necessary to have all the material, all the specifications and all the numbers in order to make the calculation that will bring out the proper answer—find the unknown quantity, which with us is the remedy.

This may appear to be a very tedious way of doing business and require a great amount of preparation to be able to carry out this method of selecting the remedy, but with practice it soon becomes easy and is quickly done, and when we remember that it is the physician's first duty to cure the patient in

the quickest, safest and best way, and furthermore, considering that we are employed as physicians to do the best that can be done to restore the patient to normal health, and are supposed to be paid for so doing, then it behooves us to do what should be done to accomplish the object in the best and surest way; and when it is done, a good cure made and made quickly, then the physician can with a good face make a square bill and have the the cheek to say that he has earned his money and made the treatment cheaper to the patient, even when he has charged a full amount for the time engaged in the work, than could be done by hasty prescribing. Not only that, but instead of the patient lingering with long and tedious suffering, with great uneasiness to the family, and great doubts about the recovery of the patient, the patient gets well, goes out in the community and recommends others to him as a good physician. Hence his reward will be greater for thorough and perfect work than it will for the hasty and imperfect prescriptions made at low prices. It was said many years ago that persons treated by and following the methods of a strictly Homœopathic management have far less sickness than those who adhere to the old school and it has been well established in the last few years where the vital disease in chronic cases has been thoroughly eradicated from the system by strictly Homœopathic treatment, for malignant growth, tumors of various kinds, even tuberculosis and cancer when not too far advanced, yields to the treatment and health returns. Chronic cases of various kinds simply disappear under the persistent use of carefully selected remedies. By the use of the repertory the physician finds an immediate councilor in every case, does not often need to call for an assistant, nor to tax his patient with extra consultation fees, nor to

depend upon the opinions of men (for the Homœopathic physician should not consult opinions, but facts) he can go to his repertory and find the indicated remedy for the particular case by the symptoms, and then by the *Materia Medica* he finds that every symptom corresponds in the case, and after using the drug for a sufficient time, the disease disappears, the cancer dies and sloughs away, the tumors absorb and the place heals up with but little cicatrization. Often times it has been known that the tissues have been restored so that the place of the morbid growth can scarcely be found by the closest inspection. These are not imaginary sayings or boastings, but it is what has been verified many times to our own knowledge. By the use of the repertory and the intelligent management by way of referring to the *Materia Medica*, we may almost say that there is no such thing as malignant diseases.

We cannot leave the subject properly without referring more particularly to the examination of the patient, which is often entirely too superficial and often times the failure to find the right symptom, or to get the right remedy is from this cause. Finding that some organ is affected, as the eye, the ear, the throat, the liver or the stomach, or that the blood is out of order, can we stop there without further consideration? When all diseases, all sicknesses, according to the teachings of the *Organon*, "Is a disturbance of the vital force by some foreign vital principle from without, which is inimical to the natural life" that disease principle interfering with the life centres, obstructing the life's current through the entire system, obstructs the current to some particular organ more than others and by the symptoms it produces, we are instructed how to find the remedy that will remove that morbid vitality that is causing the trouble, then

order will be restored, and in order to get at this point we should not stop when we consider that the liver is affected, that the eye is affected or that the finger is sore and say that is all there is to it.

We must inquire further and find all the symptoms in the whole body that can be caused by obstructing the vital force, then our infinitesimal dose, which is entirely destitute of any material matter, but is vital, enters the system and at once pervades the entire system, comes in contact with the morbid vitality that is interfering with life and the two being near relations (similars) mutually neutralize each other and give the life current access to the scene of the obstruction, and by slower or quicker degrees the morbid matter will be removed by natural processes and the normal condition called health restored. Hence we should not stop when we have found one of the organs affected and say this is the cause of the whole disease, but we should inquire further and investigate what caused that organ to be affected and when we find that another is referred to, then find what caused that organ to be affected and you will soon learn that all these obstructions, all these ailments came from the one great centre, the life. Hence, the infinitesimal dose, which is incomprehensible to our finite senses and the chemist, will restore the vital function, and it will restore order to the organism, and so many cases occur where the true simillimum may be some remedy that is very rarely used and the only one that will cure the case, and without aid to the memory, if the physician ever heard of the remedy at all, he is very liable to not think of the right one, but if he looks to the repertory is liable to call it up and then he has an opportunity to study it and apply it to the case, cure the patient and obtain the honor of doing the work that other physicians failed to do. Do not let any physician

ever consider that it is child's play, a small business or beneath his dignity to study his case carefully; thinking people like to see a physician study the case. Let the physician consider there is scarcely a book published that does not have an index to tell where to find everything that is in the book. Large libraries have indexes to refer to where every book can be found and this index

adds greater value to the library or the book, and in the same way the index to the symptoms and the *Materia Medica* is really one of the most valuable adjuncts to it, without which no physician can say that he does successfully find a right remedy in all cases. Although the task be greater to accomplish this work, the reward for well doing is as much the greater.

## DIFFERENTIAL DIAGNOSIS BETWEEN NERVE DISEASES.

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Diagnosis is not the least difficult part of the work of the neurologist. Neither is it the least important. Many cases are reported in the medical press of the country from time to time showing marvelous cures by the Homœopathic remedy. But some of them, hypothetically or otherwise, lose most of their usefulness to the thinking mind because they claim to have cured pathological conditions whose symptoms should never be confounded with those of the cases reported. Even the impossible is claimed in some cases. I mean by this that conditions representing the total destruction of tissue are reported restored to the normal. Such reports not only place our school in a position to be justly ridiculed, but are absolutely misleading in their teachings, and are liable to lead the readers into error in promising the impossible and attempting to accomplish it by following such blind leaders, finally to become disgusted with Homœopathy after repeated failures. We should be very careful what we teach because some may be led astray, since they may blame Homœopathy with the delinquencies of men for want of analyzing their teachings.

A few years ago the allopathic superintendent of a hospital for the insane reported the cure of several cases of

terminal dementia. This proved one of two conditions. He was either grossly ignorant of what the term means, or was a monumental liar. Let us be charitable and think it the former.

I would not be misunderstood. The diagnosis of a pathological condition in a given case may not influence the selection of the Homœopathic remedy, but it should greatly influence the other treatment, which is often fully as important as the drug selected. It also may prevent bitter disappointment in the prognosis and loss of prestige by the doctor. At the same time it is utterly impossible to obtain the *totality of the symptoms* without considering both the pathology and etiology. He who thinks he makes a Homœopathic prescription without these is mistaken. True, he may blunder onto the indicated remedy, but that was not Hahnemann's idea. He says in section three of the *Organon*: "The physician should distinctly understand the following conditions: What is curable in disease in general, and in each individual case in particular; that is the recognition of disease, *indicatio*. He should clearly comprehend what is curative in drugs in general and in each drug in particular; that is, he should possess a perfect knowledge of medicinal powers. He should be governed by

distinct reasons in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in the patient."

Then, in section five, he says:

"The physician in curing derives assistance from the knowledge of facts concerning the most *probable cause* of acute disease, as well as from the most significant points in the entire history of a case of chronic disease."

Now what did Hahnemann mean if not that we are to consider every symptom as an effect resulting from a cause also to be considered? Since nature does not permit a certain effect to result from a multiplicity of causes we must believe that he looked upon every symptom group—not every symptom, mark you—as an index to a definite pathological condition, known or unknown.

A diagnosis can only be made between the various lesions of the nervous system by a knowledge of the anatomy and physiologo of the central nervous system in order to decide whether the symptoms of a given case could result from a lesion of this or that structure. It is not enough to simply take what the books say, because very few cases in practice are typical. Having located the lesion, our next duty is to decide as to its character. Is it destructive or merely irritative in nature? If destructive, is it benign or malignant? If benign, has it progressed to a stage to produce so serious loss of nerve substance as to preclude recovery? If not, is it a case that demands surgical interference? There are several different lesions that produce more or less atrophy of muscles, some of which are absolutely hopeless in their prognosis, while others may be checked by proper treatment and some improvement obtained, and others may be cured. I will only discuss a portion of them here. It is a common mistake for the general prac-

titioner to pronounce every case of atrophy of muscles, progressive muscular atrophy. And sometimes specialists have been led into similar errors.

*Acute anterior polio myelitis* causes atrophy, but it is preceded by sudden rise of temperature, chill and sudden paralysis, while the more serious disease presents atrophy as the first and only symptom. Both result from lesions involving, and confined to the same tissues, the ganglion cells in the anterior gray cornui of the cord. But in anterior polio-myelitis it is inflammatory, hence the chill and fever; while in progressive muscular atrophy it is a non-inflammatory degeneration, hence the absence of all symptoms except the atrophy. There is no true paralysis in progressive muscular atrophy, the motor weakness being in ratio to the loss of muscular fibres. In polio-myelitis the legs are more frequently first affected, while progressive muscular atrophy begins in the small muscles of the hand, and it is bilateral while polio myelitis may be unilateral. There are no sensory symptoms in either for the reason that the sensory columns of the cord are not involved. Polio-myelitis, like pseudo-hypertrophic paralysis, is a disease of childhood, or early life, while progressive muscular atrophy belongs to middle life. But unlike pseudo-hypertrophic paralysis or progressive muscular atrophy, we may look for partial recovery in anterior polio-myelitis. Moreover in pseudo-hypertrophic paralysis the atrophy and paralysis are preceded by a seeming hypertrophy of the affected muscles, usually the gastrocnemii. It is bilateral, like progressive muscular atrophy, but so rare a disease in this country as to scarcely demand attention. In this disease the small muscles of the hand are not involved, as in progressive muscular atrophy. It would be difficult to confound the pecu-

liar waddling gait and characteristic attitude of the patient when standing, in a case of pseudo-hypertrophic paralysis with any other condition. The shoulders project far back of a vertical line ascending from the sacrum, the abdomen protruded and the back is arched forward. If there still is any doubt place the child on the floor on the abdomen, and observe him as he slowly raises himself onto his hands and knees, then gets his leg straightened until he stands on hands and feet, then places one hand on his knee, then the other and slowly "climbs" his thighs to a standing posture. This is characteristic of pseudo-hypertrophic paralysis.

In *amyotrophic lateral sclerosis* we get paralysis with atrophy, but it is unilateral and accompanied by contracture of the flexor muscles, owing to the fact that the lesion extends from the anterior gray horns to the crossed pyramidal tract. This contracture results in the characteristic deformity of the hand.

The fingers are clenched into the palm, and the hand is flexed on the wrist, the elbow more or less flexed. The lesion, like that of progressive muscular atrophy is non-inflammatory, and the prognosis bad, but the deep reflexes are markedly exaggerated while in none of the preceding lesions are they affected owing to a lack of involvement of the reflex arc in the cord. The paralyzed muscles usually show more or less twitchings before contracture in amyotrophic lateral sclerosis. There are no sensory symptoms in any of the

preceding for the obvious reason that the sensory fibres are not involved, *spinal meningitis*, also produces atrophy of muscles; but unlike all the preceding it causes severe pain in the spine, which shows a tendency to radiate on the nerves in relation to the part involved, and is greatly aggravated by motion, a jar and especially twisting the spinal column. It is accompanied by high fever like polio-myelitis; but in meningitis the deep reflexes are exaggerated like amyotrophic lateral sclerosis, but the latter has neither fever or pain.

*Muscular dystrophies* resulting from some lesion of the perypheral nerves is also accompanied by muscular atrophy; but they differ from all the preceding in that the muscles involved are in groups supplied by the same nerve trunks, while the affected muscles in spinal lesions are not supplied by the same nerve trunks. If the lesion be a neuritis, we may get fever like spinal meningitis and polio-myelitis, but there is no pain in the back like meningitis, the pain being confined to the region of the diseased nerves, and it is unilateral while the more central disorder is usually bilateral. It may be diagnosed from polio-myelitis by the absence of pain in the latter. In perypheral lesions the motor and sensory symptom appear simultaneously, the trophic subsequently, because the nerves carry sensory motor and trophic fibres.

In other articles I shall continue the discussion of differential diagnosis.



## BARYTA CARBONICA.

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Antipsoric-antisycotic—B.

Excessive restlessness and activity—B.

Weak memory—B—(*Alum*, etc.)

Memory deficient; child cannot be taught, for it cannot remember—L.

Forgets what was just said, just done or what he was going to do—L.

Great mental and bodily weakness, childishness in old people—L; outbursts of sudden anger—B—(*Nux*); suspicious and vacillating—B; imagines himself criticised or laughed at, which causes a feeling of great unhappiness—B—?; aversion to strangers and company—G; child does not want to play—G—(*Hepar rheum*); is anxious about the most trivial affairs—L; is suddenly overwhelmed with apprehensions of evil, cries out that his family or friends are ill, which causes great distress—L.

## Sensorium.

Oversensitiveness of all the senses—B—(*Belladonna*, *Coffea*, *Nux vomica*, *Opium*); vertigo with nausea from stooping—B—(*Aconite*, etc.)

## Head.

Pressing headache just above the eyes—H—(*Aloe*, etc.)

Pressure in brain under vertex, towards occiput, on waking, with stiffness of neck—(*Hg.*)—?.

Pricking headache near warm stove—B—?.

Tension in occiput—B—(*Graph.*, *Kal.*, *n.*, *Paris*).

Apoplexy with paralysis of old people—B—(*Opium*).

## Outer Head.

Crawling, gnawing, stinging, itching on vertex and sides of the head, after scratching severe pain and violent stinging with moisture on these parts, which are afterwards covered with crusts, < in evening—B—?; falling out

of the hair, beginning on the vertex and going on to baldness with dry itching eczema capitis accompanied by eruption on the neck; sensitiveness of the scalp, tearing in it and dark redness of the face—B—?; head sensitive to cold, disposed to catch cold—B—(*Belladonna*, *Hepar*, *Silicea*); convulsive shaking and bending back of the head—G; the scalp is very sensitive to touch, especially on side on which he lies, with sensation as if bruised, < from scratching—B—?.

Crustea lactea, moist crusts, itching, burning, causing the hair to fall out, cervical and parotid glands hard and swollen—G.

Dry tinea capitis.

## Light and Eyes.

Light dazzles and hurts eyes—B; fiery sparks before eyes in the dark—B—(on falling asleep at night *Phosphorus*); burning and pressing in the eyes if he looks attentively at anything—B—(*Alum*, etc.); artificial light surrounded by an iridescent halo—L; lids are agglutinated—B—(*Apis*, etc.)

## Hearing and Ears.

Cracking in ear when sneezing, swallowing or walking fast—B.

Right parotid gland swollen and painful to touch—A.

Eruption in and behind ears—B—(*Causticum*, *Graphites*).

## Smell and Nose.

Smell extremely sensitive (B)—(*Aconite*, etc.)

Nose bleeds after blowing it—B—(*Arnica*); coryza, nose and upper lip swollen, children with large abdomen—(*Hg.*)—(*Calcarea carb.*, *Silicea*, *Sulphur*).

## Face.

Tension as from a cobweb over face—B—(*Graphites*); face swollen, with sensation of tension—B—(*Sambucus*); dark

redness of the face, with congestion—B—(*Belladonna*, etc.); painful swelling of submaxillary glands with induration (Hg.) (*Baryta mur.*)

#### Teeth and Gums.

Single jerks in teeth extending to ear and temple—B; toothache with swelling of the gums before menses—B—?

#### Taste and Tongue.

Bitter taste in the morning—B—(*Am.*, etc.).

Paralysis of tongue (Hg.) (*Belladonna*, etc.).

Speechless (Hg.) (*Belladonna*, etc.); sour taste before eating—B—?; burning fissures in tongue—B; tongue cracked, feels very sore—B—(*Apis*, etc.)

#### Inner Mouth.

Dryness of mouth early after rising (Hg.) (*Pulsatilla*, *Sulphur*).

Salivation, inability to swallow, suffocation, throat suppurating, fever (Hg.)

Stench from mouth—B—(*Anac.*, etc.)

#### Throat.

Inflammation of cellular membranes of fauces and tonsils with fever, difficult swallowing and speaking (Hg.) (*Belladonna*, etc.); throat is pale instead of having the bright redness of *Belladonna*; submaxillary and parotid glands are swollen and tender, breath is putrid, child scrofulous and dwarfish—G—(*Calc. ph.*, *Sulf*); inflamed and enlarged tonsils (Hg.) (*Bell.*, etc.)

Acute tonsilitis (Hg.) (*Acon.*, etc.)

Liability to tonsilitis after every slight cold, *Bar. mur.*, or suppressed foot sweat (Hg.) (?); disposition to acute tonsilitis with suppuration (Hg.) (*Bar. mur.*)

Chronic induration of tonsils, (*Bar. mur.*); sensation of a plug in throat (Hg.) (*Am. c.* etc.); < after swallowing solids (Hg.) (*Bry.* etc.); tonsils tend to suppurate, especially right, palate swollen, dark brown urine, sleeplessness (Hg.); pain < by swallowing (Hg.) (*Ail.* etc.);

smarting in throat when swallowing, < from empty swallowing, (*Lach.*, *Mercur.*, *Rhus.*); throat sore to touch (Hg.) (*Ail.*, *Lach.*); inability to swallow anything but liquids (Hg.) (*Bapt.*); inflammation of the throat after catching cold, with swelling of the palate and tonsils—B.

The cervical and submaxillary glands become swollen and hard—G.

#### Appetite and Thirst.

Poor appetite, although the food tastes natural—B.

#### Eating and Drinking.

Stomach aches also after eating (Hg.) (*Arg. nit.*, etc.); great weakness of digestion—B—(*Abies*, etc.); after eating pressing in stomach—B—(*Anom. c.* etc.)

#### Hiccough, Belching, Nausea and Vomiting.

Waterbrash (Hg.) (*Bryon.* etc.)

#### Scrobiculum and Stomach.

Pressure in stomach after eating—B; soreness in the stomach, with the sensation while eating as if the food had to force itself past some places—B—(?); great weakness of digestion—B—(*Ars.* etc.)

#### Abdomen.

Abdomen hard and tense—A—(*Silicea*); mesenteric glands hard and swollen—B (*Arsenicum*, *Iodium*); cutting pains in the abdomen as if diarrhoea would come from a cold—B; colic in dwarfish children, those who do not grow—G—?

#### Stool and Rectum.

Frequent urging to stool, with anxious pains in the lumbar region and followed by frequent stools—B; sudden irresistible urging to stool—B—(*Crot. tig.*), (*Natrum sulf.*, *Sulf.*); soreness of anus, which is moist—B—(*Caust.* etc.); stitches in the hemorrhoids—B—(*Aesc.* etc.); hemorrhoidal affections—B—(*Aescul.* etc.)

**Urinary Organs.**

Urine frequent and copious—B—(*Apis*, etc.); sudden irresistible discharge of urine—B—(*Arnica*, etc.)

**Male Sexual Organs.**

Soreness and humidity between scrotum and thighs—B—(*Graph.*, *Hep.*, *Petrol.*); diminished sexual ability and desire—B—(*Agnus*, etc.); impotence [Hg] (*Agnus*, etc.); relaxed penis and premature emission [Hg.] (*Lyc.*); hypertrophied prostrate gland [Hg.] (*Calcar. c.*, *Digit.*, *Puls.*)

**Female Sexual Organs.**

Menses scanty—G; before menses toothache and swelling of the gums—G?—during menses weight over pubes in every position—G—?; tearing in vulva, or in affected parts, so violent at intervals that she would like to scream—G—?; bloody mucous leucorrhœa, with palpitation of heart, pain in back and weakness even unto fainting—G—?

**Voice and Larynx, Trachea and Bronchia.**

Feeling in larynx as if inspiring smoke or pitch [Hg.]

Hoarseness and loss of voice from tough mucus in larynx and trachea—B (*Samb.*); asthma—B—(*Arsen.*, etc.); suffocative catarrh of old people, with impending paralysis of lungs—B—(*China*).

**Cough.**

Spasmodic cough, excited by tickling and roughness in throat and epigastrium, evening without expectoration, morning with difficult expectoration of a yellowish, tenacious, starch-like, often saltish mucus—B; dry cough in the evening—B—(*Brom.* etc.); night cough with asthmatic breathing—B—(*Arsen.* etc.); mucus catarrh—B—(*Arsenic*, etc.)

**Heart, Pulse and Circulation.**

Palpitation when lying on left side—B—(*Natrum mur.*, *Phos.*, *Psorin.*,

*Puls.*); renewed when thinking about it—B.

**Neck and Back.**

Pains in the cervical vertebræ—B; stiffness in the nape of the neck—B—(*Agar.* etc.); swelling and induration of glands, especially cervical—B—(*Bar. mur.*, *Conium*, *Mercur.*, *Silic.*); swelling of glands of neck, occiput or near joint of jaw—G; fatty tumors, especially about neck, with burning—B; beating and pulsation in back—B—(*Nat. mur.*); in lumbar region, (*Sepia*, *Suf.*); pain in small of back—B—(*Am. carb.*, etc.); stiffness in small of back in evening, especially while sitting, which allows neither to rise nor to bend backwards [B] *Rhus*.

**Upper Limbs.**

Pains in arms, with hard swollen axillary glands [Hg.]; veins of hands distended—B—(*Arnica*, etc.); skin of hands dry—B—(*Anac.*, *Lycop.*, *Phos. ac.*, *Sulf.*)

**Lower Limbs.**

Pain in hip joint as if dislocated—B—(*Ipecac*, *Phos.*, *Puls.*); sudden sharp pains running through knee force him to sit down, laming knee, after hard work, most with girls [Hg.]; drawing and tearing pain in legs as if in the bones—B—*Rhod*; tension as if tendons were too short—B; [when in knee *Rhus tox.*]; corns, burning and stinging pains, also on the balls of the toes—B; fetid foot sweat—H—(*Kali carb.*, *Puls.*, *Silic.*, *Thuja*); checked foot sweat [Hg.] *Sepia*, *Silic.*]; foot sweat, toes and soles get sore, odor offensive [Hg.] [*Silicea*].

**Nerves.**

Twitching at night of the muscles of the entire body—B; great weakness and unsteadiness with desire to lie down—B—(*Silic.*, *Nitric ac.*); hypersensitiveness of all the senses—B—(*Coff.*, *Ign.*, *Nux vom.*) constantly weak and weary, wishes to lean on something, to sit or lie down and still feels weak and weary—L; great

weakness of mind and body of old men—B; paralysis of aged persons [Hg.] *Opium*; paralysis after apoplexy [Hg.] *Arnica*, *Lach.*, *Nux vom.*, *Opi.*; stupor day and night—B—*Apis*, etc.; awakens often at night, *Calc. c.*, etc.; feels too hot, soles of feet bruised [Hg.] [*Ign.*, *Phos.*, *Puls.*]; night sweat [Hg.] *Amm. carb.*, etc.

#### Modalities.

Morning dryness of tongue [Hg.] *Puls.*, *Sulf.*; during the day great drowsiness—B; during night stupor—B—*Aeth.*, etc; during night cough aggravated—B—*All. s.*, etc.; most complaints pass off by exercise in the open air—B.

Near warm stove headache aggravated—B—*Zinc.*

#### Fever.

Tearing in limbs with chilliness, *Eup. per.*, *Eup. pur.*, which predominates—B—(*Agar*, etc.)

Offensive sweat of one (*Nux vomica*, *Puls.*) mostly left, side—B; night sweat B—*Am. car.*, etc.

#### Locality and Direction.

Left side, offensive sweat—B.

#### Sensations.

Sensation as if white of egg had dried on face—B—(*Alumina*, *Magn. carb.*, *Phos. ac.*)

Tension as of a cobweb over face—B (*Alumina*, *Magn. carb.*, *Phos. ac.*)

Sensation as if food had to force itself over sore spot in œsophagus—B—(*Natrum mur.*); as if inspiring smoke or pitch—B—?; stinging in corns—B.

Shooting in knee.

Jerking toothache.

Burning in corns—B; pressure under vertex—B; soreness around anus—B—(*Aescul. hip.*)

Burning and pricking here and there—B—*Arsen.*; tension in occiput—B; over face—B—(*Alumina*, *Magn. carb.*, *Phos. ac.*)

Weight over pubes—B—?; crawling over scalp [Hg.] (*Arg. met.*, *Arg. nit.*; dryness of eyes)—B—(*Aconite*, etc.)

#### Tissues.

Dwarfish, defective mental and physical growth—G; swelling and induration of glands—B—(*Coni.*, etc.)

Incipient suppuration in glands (axillary) and in cellular tissue in any part of the body [Hg.] see *Merc.*, *Silic.*

Glandular sequelæ of scarlatina [Hg.]

Tension and shortening of muscles—B; emaciation with bloated face and swelled abdomen—B—atrophia scrofulosis next to *Calc. carb.* [Hg.] marasmus senilis [Hg.]

Fatty tumors [Hg.] (*Bell.*)

#### Skin.

Skin diseases [Hg.] (*Apis*, etc.)

Soreness and humid skin [Hg.] (*Graph.*)

Skin does not heal readily [B] (*Hepar*, *Psorim.*, *Graph.*, *Cham.*, *Lach.*, *Silic.*)

#### Stages of Life and Constitution.

Suitable for affections of first childhood, *Acon.*, etc., but more particularly for old age, with mental or physical weakness [Hg.] (*Ambra.*, *Opium*).

Great liability to take cold, causing sore throat, stiffness of the neck and diarrhoea—B.

Is especially suitable for dwarfish women—G—?.

Complaints of dwarfish children, [*Calc. ph.*, *Sulf.*] those who do not grow—G.

Scrofulous children, dwarfish, mind and body weak—?; scurfs on head, ears nose; eyes inflamed, opaque cornea, colic, abdomen swollen [*Calc. c.*, *Silic.*] face puffed, general emaciation [Hg.], (*Acet. ac.*, etc.)

Persons subject to quinsy, (*Bary. mur.*) especially those who suffer from inflammation of throat and swelling of tonsils, swelling of tonsils after the least cold, [Hg.] (*Bary. mur.*)

Especially adapted to diseases of old men,—L—[*Aloe*, etc.], old cachectic people of scrofulous habit, especially when they suffer from gouty complaints, [Hg.]

Old people, especially when fat. [Hg.] (*Kali carb.*)

**Relations.**

Similar to [*Calc. car.*, *Coni.*], old people, [*Dulcam.*], tendency to catch cold, *Silic.* glands foot sweat, etc.

Compatible *Calc. c.*, *Phos.*, *Puls.*, *Rhus*, *Sepia*, *Silic.*, *Sulf.*,—B.

**CALCAREA CARBONICA.**

February 13, 1901. Mrs. Pauline S., age 37, dark hair, blue eyes, of large build and rather fleshy.

Hemorrhoids ever since the birth of her only child, 17 years ago.

Bleeding during stool profuse, bright red.

Knifelike pain, also throbbing.

< during stool.

At times extends down right limb to the big toe of the right foot.

< before menses.

Rectal inertia, no urging; frequently uses an enema.

Stool normal, yet causes pain and bleeding.

Sensitive to noise; a sudden noise strikes her like a blow.

Sensitive to a harsh word; cries easily.

At times melancholy and irritable.

< before menses.

Craves potatoes, eggs.

Very thirsty.

Head feels icy cold when lying in bed; must wear a night-cap; heat of the head when up and around.

Perspiration profuse on head and neck.

Vertigo < stooping, riding in cars.

Menses regular, but painful ever since they were suppressed shortly after puberty.

Flow dark, stringy, lasting five days.

Pains in uterus < before the flow.

< cold, cold weather.

*Calcareo carb.*

**Anamnesis.**

**GENERALS:**

< before menses: *Am. c.*, *Bar. c.*, *Bov.*, *Calc.*, *Carb. v.*, *Con.*, *Cupr.*, *Hyos.*, *Lach.*, *Lyc.*, *Merc.*, *Nat. mur.*, *Ph. ac.*, *Phos.*, *Plat.*, *Puls.*, *Sep.*, *Sulph.*, *Verat.*, *Zinc.*

Sensitive to noise: *Bar. c.*, *Calc.*, *Con.*, *Lach.*, *Lyc.*, *Merc.*, *Nat. m.*, *Phos.*, *Plat.*, *Sep.*, *Zinc.*

Irritability: *Calc.*, *Carb. v.*, *Con.*, *Lach.*, *Lyc.*, *Merc.*, *Nat. m.*, *Ph. ac.*, *Phos.*, *Plat.*, *Puls.*, *Sep.*, *Sulph.*, *Verat.*, *Zinc.*

Sadness: *Bar. c.*, *Calc.*, *Carb. v.*, *Con.*, *Cupr.*, *Lach.*, *Lyc.*, *Merc.*, *Nat. m.*, *Ph. ac.*, *Phos.*, *Plat.*, *Puls.*, *Sep.*, *Sulph.*, *Verat.*, *Zinc.*

Craves eggs: *Calc.*

Craves potatoes: *Calc.*

< cold: *Am. c.*, *Bar. c.*, *Cal.*, *Con.*, *Hyos.*, *Lyc.*, *Merc.*, *Nat. m.*, *Phos.*, *Puls.*, *Sep.*, *Sulph.*, *Zinc.*

*Bar. c.* 8, in 4 rubrics; *Calc.* 16, in all the rubrics; *Con.* 10, 5 rubrics; *Lach.* 10, 4 rubrics; *Lyc.* 13, 5 rubrics; *Merc.* 11, 5 rubrics; *Nat. m.* 11, 5 rubrics; *Phos.* 11, 5 rubrics; *Plat.* 10, 4 rubrics; *Puls.* 11, 4 rubrics.

**PARTICULARS:**

Perspiration on the head: *Bar. c.*, *Calc.*, *Lyc.*, *Merc.*, *Nat. m.*, *Phos.*, *Puls.*

Coldness of head: *Calc.*, *Con.*, *Lyc.*, *Merc.*, *Nat. m.*, *Phos.*

Vertigo < stooping: *Bor. c.*, *Calc.*, *Con.*, *Lach.*, *Lyc.*, *Merc.*, *Nat. m.*, *Phos.*, *Puls.*

< riding: *Calc., Lyc.*

Rectal inertia: *Bar. c., Calc., Lach., Lyc., Merc., Nat. m., Phos., Plat., Puls.*

Pain in rectum during stool: *Bar. c., Calc., Lach., Lyc., Merc., Nat. m., Phos., Plat., Puls.*

— cutting: *Nat. m.*

— — after stool: *Calc., Puls.*

Bleeding from anus: *Bar. c., Calc., Lach., Lyc., Merc., Nat. m., Phos., Plat., Puls.*

Total for *Bar. c.*, 15.

“ “ *Calc.*, 34.

“ “ *Con.*, 12.

“ “ *Lach.*, 18.

“ “ *Lyc.*, 26.

“ “ *Merc.*, 22.

“ “ *Phos.*, 22.

“ “ *Plat.*, 14.

“ “ *Puls.*, 24.

The evidence for *Calc. carb.* in the above case is unmistakable, and it furnishes therefore a good illustration of the “working out” process, which is not only a most excellent method of finding the simillimum, but will show in Chicago.

many instances the remedies which are likely to follow next in order, as for instance *Lycopodium*, which runs through the whole schema and stands next to *Calcarea* in the final rating.

The aggravation before menses was chosen as the first rubric, not only because it was prominent in this case, but because it would at once reduce the number of remedies to be carried through. As a rule, the mental symptoms should take precedence and furnish the key.

Before receiving this medicine, the patient had determined to follow the advice of a friend and have the sphincter dilated in the hope of having the hemorrhoids cured. The effect of the remedy was so astounding that orificial interference did not receive another thought. The bleeding ceased, the pains disappeared in twenty-four hours and the patient's general health at once began to improve. Slight return of the painful symptoms necessitated a repetition of the cm potency April 30th, but since then there has been no trouble.

HARVEY FARRINGTON, M. D.

## SULPHUR.

September 23, 1899. Miss J. W., age 22.

Lump in right mammary gland since blow received about five months ago.

Pain for last three months aching, drawing, burning, itching.

Drawing < deep breath.

< damp breath.

Axillary glands, right side, sore.

Despondent.

< Damp weather.

Irritable, can hardly speak a civil word to anyone.

Nervous, extremely.

Quivering in stomach and hands.

Restlessness, desires to move about.

Trembling all over at any sudden surprise.

Sleeps easily.

Eruption on face since a child, red; has never been able to find anything that will cure it, has tried many things.

Flesh bruised easily.

Echymosed spot appears on the slightest blow.

Gets up and walks about during sleep.

Chilliness, “hates cold weather.”

Appetite good.

Desires roast beef, sweet things.

Pastry disagrees.

Coffee makes her nervous, restless, causes diarrhoea.

Menstrual flow normal.

Before menses, chilliness, breasts become hard and sore, indigestion with pains in chest.

Small wounds suppurate and don't heal readily.

Predisposition to colds, which always settle in throat, with hoarseness, sore throat and cough; cough hard, shaking, causes pain in chest.

A tooth lanced bleeds for two days.

*Sulph<sup>55m</sup>*

Grandmother and one aunt had cancer. Family physician diagnosed the lump as cancer and advised her to have both breasts removed so that there will be no chance of a return of the trouble. The patient had seen her aunt go through a similar operation and knew that the growth had returned after each of three operations, and each time the trouble had returned in a more malignant form than before, hence objected, although her physician assured her that an operation was the only thing that remained to be done.

I took the generals despondency, irritability, restlessness, weeping, trembling, chilliness and < damp weather and found that *Arsenicum*, *Calcarea*, *Lycopodium*, *Pulsatilla* and *Sulphur* run through them all, and of this group the particulars decide that *Sulphur* is the remedy.

October 23.

Patient writes there is a marked change for the better in her general health. Lump gradually growing smaller. Pain burning and itching a little during damp weather.

November 6.

Still improving.

Nerves are once more assuming their normal tone.

January 19, 1900.

Has had several colds, for which she

received no medication.

Symptoms returning.

*Sulphur<sup>55</sup>*

January 3.

Patient writes: "As soon as I had taken two doses of that medicine was all right again; feel quite strong now."

Improvement continued until in March she had an attack of grippe, and as she was a hundred miles away from me, the family physician was called.

April 11:

"Grippe has left me with a bad sore throat; weakness, can't shake off that languid feeling; breast quite painful during last monthly period."

*Sulphur<sup>55m</sup>*

June 19.

She writes: "No pain in breast at all, and I cannot detect any lump. There was no pain even during the last monthly period."

Stomach much stronger.

No cough.

Sore throat gone.

The eruption on the face the only thing that remains unchanged, and that is much better than it was.

No more of those horribly depressed spells—they were simply dreadful to contemplate."

Improvement continued and August 29 she writes that the family physician has examined the breasts and finds absolutely no trace of the lump. The glands are not at all sensitive and there is no pain in them.

December 5.

She writes: "Am very much better this winter than ever before in my life."

F. E. GLADWIN, M. D.  
Philadelphia, Pa.

## FAILURES.

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PROF. MATERIA MEDICA AND THERAPEUTICS, HAHNEMANN MEDICAL COLLEGE.

One of the most striking failures of the average practitioner of medicines is his *failure* to report his *failures*.

It is difficult to convince physicians that such reports would not only prove of great benefit to the profession, but to themselves as well.

He who doubts that these reports would prove interesting has only to submit for report the items in each case to his "honorable and distinguished fellow practitioner" who vies with him for supremacy, and his doubt will be dispelled. Acting upon this principle, the writer begs to report a failure.

M. J. H. Jr., age 5 years, was treated for several weeks by a "doctor of the old school," and on or about September 1, 1900, the parents were startled by the assurance that their boy had Bright's disease and that he could not possibly live to witness the advent of the new century.

And why should not this announcement prove startling? He (my friend whose failure I so generously report) had examined the urine chemically and microscopically and had found everything necessary to prove his suspicions well directed. He found the abdomen greatly disturbed and each day but added to the child's enlargement and subsequent distress.

He found that the right eye was now already swollen till vision from that member was obscured, with the left a "close second."

He found the quantity of urine, the loss of appetite, etc., all "in line," and the diagnosis was far from difficult. Nothing now remained for the doctor except to "*prognose*" and this was done with the tears and solemnity fitting the occasion.

The parents were resigned—they had to be—and were preparing themselves for the fatality that confronted them. Thus they floundered in the wilderness of utter distress till October 1, 1900, when the case was placed under the care of a Homœopathic physician. (The child must die anyhow, so why not try Homœopathy?) Said Homœopath not only verified the urinalysis with personal test—chemically and microscopically—but he went his "friend of the old school" one better, and brought a camera into action.

This was done in the hope that the next prognosis would prove duly solemn but less tearful.

The "old school brother" was correct in his *diagnosis* and *honest* in his prognosis, but *honesty in prognosis* and *accuracy in diagnosis* are not the essentials to a successful practice.

The Homœopath found the following symptoms:

Bag-like swelling of upper eye-lids.

A fully distended, hot abdomen; worse after eating.

General aggravation about 3 a. m.

Great exhaustion and weariness.

Cries from "*burns*" while urinating.

Face pale and waxy, bloated.

All the muscles sore, swollen and given to twitching.

Peevish, irritable.

Hair dry, lifeless, falling out.

October 1.

*Kali carb<sup>m</sup>* (B. & T.) with *Placebo* every six hours.

October 15.

The improvement was marked after the third day, when the aggravation from the remedy subsided.

*Placebo*.



October 22.

Better in every way.

Measurement of abdomen revealed a difference in circumference of one-half inch.

*Placebo.*

October 30.

Sleeps all night.

Eats better; *is better.*

Not so irritable.

Abdomen continues to recede.

Can now open eyes to limit, although badly swollen.

*Placebo.*

November 5.

Not so well.

"Had diarrhœa with great thirst, and marked prostration."

Further inquiry made known offensiveness of stools and thirst for little and often.

*Arsenicum<sup>m</sup> — B. & T. — Cum placebo.*

November 12.

Better than at any previous report.

*Placebo.*

December 1.

Eyes wide open.

Abdomen *almost normal.*

Urine less frequent and better in color.

Took another specimen of urine and found but slight trace of albumin.

Appetite good.

*Placebo.*

January 1, 1901.

Slight swelling over left eye only symptom remaining, and at the report on January 15 this was gone and the case was dismissed as cured.

January 15.

Report from case is that symptoms have not recurred and the child is getting fat.

The doctor *failed* to cure the case; the Homœopath *failed* to see why; the patient *failed* to die as scheduled, and the father *failed* to pay his bill.

## SILICEA.\*

J. W. HINGSTON, M. D.

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In speaking of this remedy at this time, I will center what I have to say about a single symptom—constipation.

While it is seldom that we are called upon to prescribe for a constipation primarily, yet, frequently is the constipation at the bottom of the whole train of symptoms complained of, as well as the prime cause of the particular complaint for which relief is sought.

In the constipation for which *Silicea* will be found the simillimum, your patient will scarcely be one who will come to you for the relief of that trouble. Yet, will this condition be so marked that it and the symptoms more or less connected with, and related thereto make much of the picture you desire for a correct prescription.

The constipation is obstinate, from

\*Read before Englewood Homœopathic Society.

inactivity of the rectum. This inactivity is not a perfect torpor like it is with *Opium*, where there is no desire for stool, and the last bowel seems absolutely without feeling. Indeed, with *Opium* the whole bowel, including the small intestine, is torpid and to all appearances dead — without peristalsis. Not so in *Silicea*. There is a normal desire. But the effort is unsuccessful because of an apparent lack of power of the rectum to expel a rather large and hard stool. We have a similar normal desire in *Alumina* and *Platinum*, but in these the stool is neither large nor hard; it is pasty and sticky like clay, often adhering to the anus.

Again, not infrequently, this condition of inactivity of the rectum in the *Silicea* case is accompanied with a con-

tracted anus. In this respect it resembles *Lycopodium* and *Plumbum*. In *Lycopodium* the main trouble is in the tight contracture of the sphincters, also that, when effort is made, not even a start towards a stool is made, although there seems considerable power in the rectal force. On the other hand, where *Silicea* is indicated the stool will be partially expelled, when the force gives out and the stool slips back again.

It is from this contraction of the sphincters that gives the sharp painfulness of the hemorrhoids. These hemorrhoids frequently become incarcerated, because, having protruded during the straining effort necessary for the stool, the tight sphincter shuts down on them and prevents their return. Thus also we get fissures because the adjacent surface tissues, equally constricted, break instead of stretch on the large stool. A different cause for fissures in the *Nitric acid* case where the moisture that is almost always present keeps up a constant maceration of the parts and consequent erosion which favors fissuring.

As I have said, the desire for stool is usually normal, wherein it differs from both *Nux vomica* and *Sulphur* the former having much desire in the abdomen, while with the latter the desire consists mostly of a pressure in the rectum. However, with the constipation of *Silicea* there may be considerable colic. In this again it resembles *Lycopodium*, but there is more flatulence and rumbling with incarceration of flatus in *Lycopodium*. The abdomen is not so distended as with *Lycopodium*, but often sensitive to pressure of clothes, resembling a marked symptom of *Lachesis*.

You will observe that *Silicea* resembles *Thuja* very much, this is especially so with reference to fungus growths that may exist about the anus. Indeed,

*Thuja* is complementary to *Silicea* and it will frequently require a close study of the case to differentiate and make the proper prescription.

I consider *Silicea*, *Thuja*, *Lycopodium* and *Plumbum* the "big four" complementary to the orificial surgeon.

The peculiar symptoms of the constipation in *Silicea* may call your attention to this remedy in stomacacæ where, with much ulceration and abundant saliva one might with less observation prescribe *Mercurius*.

In the constipation of infants with sweaty heads, it will be more frequently indicated than either *Mercurius* or *Calcarea carb.* In the *Silicea* case there will be the uninterrupted constipation, while in the others there will be the more or less frequent intervals of diarrhœa.

In young people just merging from their teens, a constipation, an irritable sphincter and a cough will bring the sallow cheek or the hectic flush; the thin visage and the stooped form; the tired body, the indolent mind and the melancholy mood. This is not consumption. But it is the ground upon which the seed may take root. Here *Silicea* vies with *Sulphur* and *Tuberculinum* for the first place.

These coughs need not be mistaken for the liver cough (so-called) of *Mercurius*, *Chelidonium*, *China* or *Lycopodium*.

To sum up *Silicea* has

Constipation—obstinate.

Inactivity of rectum.

Slipping back of partially expelled stool.

Stool hard and large.

Contracted sphincter.

Fissures of anus.

Hemorrhoids painful, incarcerated.

Fungoids.

Colic with constipation.

Sensitive abdomen.

Constipation of infants with sweaty heads, sore mouths and salivation.

Constipation of young people threatened with consumption.

In the abdominal symptoms differentiate especially *Lycopodium* and *Lachesis*.

In the anal symptom, *Nitric acid*

*Natrum mur.*, *Thuja*, *Lycopodium*, *Plumbum*.

In the stools, *Alumina*, *Platinum*.

In the peristalsis, *Nux vomica*, *Sulphur*, *Aluminum*, *Platinum*, *Plumbum*.

In the systemic symptoms, *Mercurius*, *Lycopodium*, *Sulphur*, *Tuberculinum*, *Thuja*, *Calcarea carb.*

#### AN OPIUM CASE.

Several months ago, a man, age 28, went to work one morning in his field and soon afterwards everything commenced to get black and a severe headache came on with vomiting of bile. When I saw him a couple of hours afterwards, he was gagging constantly and raising very little bile; his face was dark-red and puffed; the pupils were contracted; everything looked black to him; his tongue was clean, but it seemed so thick that it was with difficulty that he could utter a word and after he started his thoughts would leave him; bowels normal; temperature 99; pulse 80. In between his vomiting spells his breathing was very difficult. It required great effort to expand his lungs to their utmost and yet that was the manner in which he breathed.

In looking at the case such remedies as *Gelsemium*, *Camphor*, *Aconite*, *Arnica*, *Ipecac* and *Opium* came to my mind. *Gelsemium* lacks the vomiting of bile and is more apt to have dilated pupils. *Aconite* lacks thick tongue and vanishing of thoughts. *Arnica* lacks thick tongue and difficult speech. *Ipecac* was thought of for the constant vomiting, but it lacks most of the other symptoms, except clean tongue. *Camphor* and *Opium* seem to run side by side as to these symptoms, but *Camphor* is not especially puffed about the face.

I gave one dose of *Opium*<sup>200</sup> and the

vomiting and restlessness ceased for a half hour and then returned. Another dose of *Opium* was given and directions were left to give one dose after each vomiting spell. I returned in ten hours and found him much improved and without having had any more vomiting spells. In a few days his strength returned and he has remained well ever since.

Just what disease this man had is difficult to determine. A year before I had a case almost like this one, but did not see her till twelve hours after it commenced and she is not entirely well yet as some paralysis remains. It was diagnosed as cerebral hemorrhage and it was confirmed by an expert. I thought the last case was of the same nature, but the speed with which he got well, removes forever the possibility of a correct diagnosis.

CLINTON ENOS, M. D.

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#### PYELITIS—PYROGEN.

This case is a peculiar one in many ways. Mr. B. is a man 64 years of age, has traveled much, been often exposed—on the plains and Pacific coast—to varied changes of the weather, has slept out of doors for weeks at a time, has had varied and protracted "spells" of sickness, has met with several severe accidents, at one time nearly lost both feet from exposure to hot sand, has taken an enormous quantity of drugs and

presented an appearance that looked terribly "jogged."

For some years he has suffered from repeated attacks of la grippe because of he was completely unfitted for work. He purchased a merry-go-round, and has been in that business until failing health compelled him to give up even this means of support.

Last year he was taken with severe pains in the back, almost total loss of appetite, excessive acidity of the stomach for which he would take a teaspoon-full of bi-carbonate of soda once or twice daily.

He was also compelled to arise from three to five times each night to empty the bladder, and the loss of sleep weakened him exceedingly. He observed each morning a thick yellow sediment in bottom of the vessel and concluded his time had come. Having been at the Hahnemann College in Chicago, as an out clinic for heart trouble, he concluded to try a graduate of that college for his present trouble. This was done for some weeks with no perceptible improvement. He then went to an allopath—this was last winter where he met with similar encouragement. Thinking all had been done that was possible in his case he gave up in despair and concluded to do no more. In May of this year I attended a married son of his, who persuaded him to come to me. He came and after stating his various experiences with diseases, medicines and doctors, I obtained the following brief symptoms.

Stomach and bowels very much distended.

< after eating, even a few bites.

Feels badly all the time, but < in the latter part of the afternoon and early evening.

Bowels constipated.

Pain on urinating.

Inability to hold water long at a time

Thick yellow pus in urine.

Odor very pungent.

Urine excessively acid.

Some pain on urination.

Appetite very poor. Sleeps poorly.

Is beginning to emaciate, especially upper part of the body.

Discouraged. Gloomy, out of sorts

Pains almost everywhere, < in lumbo-sacral region.

Suspicious. Has little confidence in doctors.

*Lycopodium*<sup>50m</sup> one powder.

In one week's time he reported very much improved, especially the stomach and bowels.

*Placebo.*

The second week improvement continued except the pus in the urine. He was very much encouraged. "But that pus, Doctor, what will you do for that."

*Placebo.*

Waited another week. Appetite much improved. Stomach and bowels better than for years, but pus is just the same. Though he is much improved and his confidence restored, he expressed doubts as to the ability of any one curing him of the pus in urine and pain in back.

I confess I felt some anxiety for this man, for nearly everyone in this town knows him and his trouble. If I fail, I am no better than my professional brethren, but if I succeed in this case my reputation is in a measure secure. I studied until my head ached, and could find nothing that seemed to fit his case. I read of a cure of pus in the urine by *Calc. sulph*<sup>30x</sup> and gave it, not because I thought it was indicated, but in the desperation of the hour I gave it because Dr. Nash of New York had given it with success. Well it failed—failed completely. Then came the verdict, "Doctor, that medicine you gave me is no good. It didn't do me a particle of good." I thought of a dozen or more things to give and to do, but I knew it

would be useless. I gave a *Placebo* and asked for more urine to examine. This way I could hold him a few days longer. I scarcely knew where to begin a further study of this case, for I had read so much on the subject. Then the other doctors had given him such little encouragement.

I thought of *Pyrogen*. Sent for it at once and obtained it in 30th cent., the highest I could get. He came again in four days, June 29.

I gave him three powders, one to be taken each evening on retiring.

June 30. No better.

July 1. The pus was all cut up into a million atoms and urine changed from acid to slightly alkaline reaction.

July 2. Not a trace of pus found in urine; back very much better, appetite good, though stomach slightly disturbed.

July 16. Urine remains as clear as any I have seen. The man so changed in disposition that he scarcely talks like the former individual. That sickly, coppery complexion is rapidly changing to a clear color with a slight rosy tinge upon the cheeks and he is now ready for almost any kind of work. He is a walking advertisement of the virtue of the indicated remedy, and though the heat is extreme, and most people feel languid, he gets up steam enough every day to "blow my horn," with no uncertain sound.

Why did I give *Pyrogen*? Well, I could find nothing else that seemed to be indicated in his case, and because the medicines given did not relieve him. I have never read any where of *Pyrogen* being used in similar cases, and yet it seemed to be similar to the conditions prevailing in this case.

It was given as above in the 30 cent. and only three small powders—one or two would have been sufficient—with the results as already stated. It may have

to be repeated, but not until the conditions call for it.

And the man—he is the happiest man in town.

G. E. DIENST, M. D.

Naperville, Ill.

#### EXPERIENCE WITH LACHESIS IN ABORTING TONSILITIS.

"An ounce of prevention is worth a pound of cure," and so success in the early stages of disease is more to be sought than success in watching a tedious case get well—or die.

The case now to be narrated was one of threatened quinsy, in a young woman who had it several times, had employed allopathic treatment, mostly with nauseating gargles, but had never succeeded in putting it off; always the feeling she now complained of was followed by increase of swelling, stiffness, throbbing and suppuration of one or both tonsils. Her fear and lack of hope were strongly marked when she came to me.

I was *guided* to Lachesis by the left side being worst, and by the bluish cast to the lining of the throat.

I was *confirmed* in its choice by the marked tenderness and aversion to pressure from outside, with the fact that she was worse in the early morning; "after sleep." There was nothing else to hang an opinion upon; no patches of exudation, no odor, no great prostration, no fever, only enlargement of left tonsil, and the subjective feeling that was to her, from her former experience, a sure forerunner of a bad attack of quinsy.

In spite of this shadowy array of symptoms, and general air of good health, it was decided to give Lachesis at once, without waiting for more serious manifestations.

The result was all that could be desired. Lachesis<sup>300</sup> on pellets—Dunham's potency—was given every three

hours for two days. There was a rapid improvement, the patient kept about and grew no worse than when first seen, in spite of her own gloomy prognostications. By the third day she was well,

free of all further apprehension, and profuse in her gratitude and praises for homoeopathy.

Erie, Pa.

E. CRANCH, M. D.

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### CHOREA.\*

EDWIN J. CLARK, M. D., DENVER, COLORADO.

Chorea as defined by *Modern Medicine* is "a disease of the nervous system, characterized by involuntary contraction of muscles or muscle groups, accompanied by weakness, and often by slight mental derangement." With or without treatment the choreic movements may cease for a time and be followed by a relapse or series of relapses later. Chorea manifests itself in an exceedingly irregular manner as to the parts affected and the degree of violence of its expression and its association or dependence upon other things.

Where you have an intelligent patient or attendants, careful and systematic inquiry as to the previous history will show you that the child was sick, weeks, months or years before this marked expression of the disease appeared. We call this the gross manifestation because it is so bold and prominent as to be recognized by physician and layman alike. The physician who cannot see anything besides these gross manifestations of disease in his patient never becomes a true homoeopathic prescriber. But previous to these manifestations, there is an aberration of action in the nervous system that is only noticeable to the intelligent and thoughtful onlooker and can only be interpreted by the educated physician. This is the diseased condition that requires your careful attention. Unless it is relieved it is always a menace, a chance for a relapse or the production of other nervous manifestations.

Having this foundation your patient is frightened or terrorized or worried and these movements develop. Under improper treatment an eruption is suppressed, driven from the surface, and chorea is plainly visible. It may also result from any form of mental or physical excitement; any normal reflex as worms, eye strain, masturbation, etc.; from mal-nutrition, cold, excessive loss of blood and it often follows after acute rheumatic fever.

Its pathology is very indefinite and may be divided into three general theories:

*First*—"A functional brain disturbance affecting the centers which control the motor apparatus."

*Second*—Embolism.

*Third*—A specific infection.

Its symptomatology as in most nervous disorder is varied.

It may be accompanied by mental derangements, more or less marked. Functional or organic heart lesions should be watched for. The electrical reaction of degeneration is absent. Sleep may be unaffected or the movements may continue then or even prevent sleep.

A cessation of motion in cases receiving no treatment occurs at about the 72d to 76th day. Relapses occur in 40 per cent. of all cases. There is a chance of a fatal termination, the case then usually showing great mental excitement and other symptoms of maniacal chorea.

\*Read before the Colorado Homoeopathic Society, June 7, 1901.

The treatment should include a removal of all removable exciting causes, the securing of a regular life and proper habits and the building up of the will. "The consciousness of the child in regard to their infirmities should not always be awakened, except when it is clearly a bad habit and not the result of disease." Punishment does more harm than good.

Rest, even absolute rest in bed, *must* be insisted upon in some cases, partial rest in all. Long and natural sleep, "balmy sleep, nature's restorer" will come with your properly exhibited dynamic remedy. In mild cases, moderate exercise in the open air may be of benefit. Plenty of fresh air and cool spongings must be insisted upon in all cases. Diet should be simple and nutritious and not contain much meat.

Spraying the spine from the occiput to the middle lumbar vertibræ with sulfuric ether has been advocated by some.

Among many remedies, we would call your attention to only a few.

**Agaricus** has twitchings and angular choreic like movements in various points of the body, ceasing during sleep. Trembling of hands. Unsteady and uncertain gait in walking, with tearing in limbs and twitchings in gluteal muscles. Sensitive spine. Burning and itching of various parts, especially the hands as if frozen, Generally < from walking in open air, > from warmth of bed. Worse mornings and at the approach of a thunder storm. There is disinclination to speech without ill-humor, though the opposite effect may be found in talkative persons. The effects of large doses have been plainly visible to allopathic observers for seven or eight weeks. This is an anti-psoric remedy that where homœopathically indicated does not need frequent repetition. The use of more than one remedy is a confession of our inability to make a hom-

œopathic prescription.

**Belladonna** has been used with benefit in those cases showing the marked cerebral symptoms of this drug.

**Causticum** is of value when the right side is affected and the movements continue during sleep. The symptoms are < walking in the open air and also < in the evening. Patients are usually weak, anemic, with no desire for and ability to make an effort.

**Cina** is indicated when the movements are reflex to an irritation of the intestinal tract due to worms or other substances. A reflex chorea with the Cina picture.

**Crocus** chorea is accompanied by a decided hysterical state, laughing, dancing, etc. Music excites the movements, but there is not the subsequent relief seen in *Tarentula*. The cases are very apt to be accompanied by epistaxis of tenacious thick, black blood.

**Hyoscyamus** patient has no appreciation of distance, reaching for something that is on opposite side of the room. The patient may be very talkative or not talk at all. That they are weak is shown in the tottering gait, and head falling from side to side.

**Ignatia** where the apparent exciting cause is of an emotional character. < 4 a. m. and 4 p. m. lasting until evening; < coffee < tobacco. Sighing, brooding. Contrariness of the symptoms.

**Mygale.** Despondency and fear death. The muscles of the face twitch, the mouth and eyes open and close in rapid succession; cannot sleep because they cannot keep the limb quiet; puts the tongue out with difficulty, because it jerks so; cannot put the hands to the face, it is arrested midway and jerked down; gait unsteady; legs in motion while sitting and dragged while attempting to walk, constant motion of whole body; ridiculous dreams. In its angu-

lar motions it is very similar to *Agaricus*.

*Pulsatilla* has been of excellent service to me in young girls having chorea when the menses should appear or have appeared and from some cause or other been suppressed. There were present the < from warmth and > in the open air, the *Pulsatilla* temperament and thirst and other *Pulsatilla* symptoms.

**Tarentula** is the routine remedy of some so-called homœopathic prescribers. The man who begins the treatment of any disease with one remedy is apt to be lazy or incompetent. This remedy is indicated in right sided chorea, where the movements continue during sleep. Can run better than they can walk. Music at first excites then calms. According to Hering the keynote for this remedy is that they must constantly busy themselves or walk.

*Zizia* is especially indicated where there are choreic movements during sleep. Mentally there is first exhilaration then depression and finally indifference.

Where suppressed eruptions were a cause we would think of *Bryonia*, *Causiticum*, *Cuprum*, *Sulphur* or *Zincum*.

The properly selected homœopathic remedy, exhibited in a dynamic form, without interference from other medicinal substances, produces marked amelioration and does not need frequent repetition of dose.

Galvanism I have found to be an ex-

cellent palliative, but have not noticed any curative effect.

The treatment then requires rest; fresh air and plenty of it, night and day; cool spongings; proper diet; suggestion and the indicated remedy.

[Too much prominence cannot be given to the *constitutional* condition of the patient *prior* the first marked indication of nerve involvement. In this class of disease manifestations, remedies selected to *cover the peculiar nervous symptoms alone will never cure. Greater* prominence must be given to the peculiarities of the individual.

Make your inquiries cover the history of the case from birth to date of attack and determine what would have been the *constitutional* remedy. Compare the subsequent history with this remedy for the purpose of determining whether more than one remedy is required for the *cure*. If the *last* totality cannot be included in the *first*, it must govern the selection of the first prescription, but that remedy cannot *cure*. The most it can do is to prepare the way for the *constitutional* remedy. After the choreic symptoms have disappeared, do not imagine the patient can be permanently freed from the almost certain return of these attacks, until after a thorough systematic treatment has removed the susceptibility which made the first attack possible—EDITOR.]



## Society Reports.

### THE WISCONSIN MEETING.

The 37th annual meeting the Homœopathic Medical Society of the great state of Wisconsin was held in Milwaukee, June 26 and 27. Dr. Buckenridge, of Beloit, filled the chair, while Dr. Irving, of Milwaukee, had charge of the records. The address of welcome by Mayor Rose was stirring and cordial. President Buckenridge sounded the note for more enthusiasm in the cause and for state recognition.

The Bureau of Clinical Medicine presented some good papers. Dr. T. C. Duncan, an honorary member, gave some practical heart hints.

1. Erythemia always should receive attention, it might be nervous or muscular. The chief remedies he mentioned were *Nux vomica*, *Ignatia*, *Arnica* and *Strophanthus*. He cautioned against the use of *Strychnia* as advised by allopathic authorities. *Digitalis* might increase the beats, but look out for nervousness. *Cratægeus* was a valuable drug here.

2. Pulsation in the epigastrium he differentiated. It may be met in hypertrophy, hunger, gastritis, but more often in pancreatitis. The characteristic tongue was shovel-shaped and white coated. *Arsenicum*, *Bryonia* and *Iris* were the chief remedies mentioned.

3. Rapid heart and tuberculosis. The relation of small heart and phthisis was explained and the good effect of a moderate altitude like New Mexico and Arizona, that ensured deep breathing and cardiac development, was brought out. The similar remedy for tachycardia (in small heart) must have also a long lasting, rapid heart, like *Arsenicum*, *Phosphorus*, etc.

Rheumatism was the topic of Dr. Hinsdale's paper. He contended that there was true rheumatism and rheumatoid affections due to a micro-organism. The urine, sweat and involved joints were diagnostic. Nothing was said about treatment or its sequences.

The paper of Dr. Sutherland, of Janesville, was a clear-cut analysis of the epidemic of smallpox and the fact was elicited that this disease comes out at once, while chickenpox come out in crops. This epidemic was atypical and therefore confusing. Fortunate is it for Wisconsin that she has such an able representative on the State Board of Health.

The paper of Dr. Grob, of Milwaukee, on appendicitis, was a fair putting of the views of various authorities. The success of medicines in able hands was given. The criticisms of surgeons quoted aroused some of the craft present who denounced the views in no mild terms, to the surprise of the society. Apologies, however, smoothed the troubled waters. Where medicines can cure and when should a surgeon operate are questions of vital interest to humanity, as well as to the profession. It would seem that experience should decide.

The chairman, Dr. L. C. Hedges, was detained by sickness, but is to be congratulated on getting out a good bureau report.

The eye men, (O. O. & L.), led by Dr. E. W. Beebe, the veteran oculist of Milwaukee, made a fine showing. The papers were by Drs. Barndt, on Myopia; Irving, on Hypermetropia; Burdick, on Astigmatism; Everett, on Presbyopia;

and Modern Refractive Methods, by the chairman, Dr. Beebe. This last paper was illustrated by various new instruments.

The papers in the Bureau of Gynecology read were few. The writer heard one by Webb on "The General Practitioner in the Role of Conservative Gynecologist." The local treatments used were allopathic in the extreme. The remedies given, however, showed good judgment.

The Bureau of Obstetrics was well managed by Dr. Hopkins, of Oconto. The paper of Dr. Leavitt advised free incision into the cul de sac of Douglas in puerperal sepsis. Dr. Morgan reported a case of eclampsia following labor forty-eight hours that she cured. Dr. Patchin, of Manitowoc, gave his experience with terminating labor at the eighth month. Dr. Hopkins' paper was on placenta prævia.

The chairman of the Bureau of Materia Medica, Dr. VanDelinder, of Beloit, in her paper on "You Shall See Things as They Are," led us into the realms of clinical therapeutics.

Dr. Aurand advocated more attention to pharmacology as fundamental to materia medica; a subject for medical colleges, but not of much interest to physicians who study materia medica to learn how to use it.

Dr. Johnson's paper on Gelsemium was read by title and that of Dr. Randall on the treatment of eczema did not appear.

The Bureau of Pædology also furnished a sensation or surprise in the paper of Dr. Schmitz, of Milton, "Influence of Heredity on the Planes." A card board about two feet square was colored in three circles and we were carried into the realm of color on development and treatment. The idea when elaborated and illustrated will receive the attention that its importance merits. All the influ-

ences on heredity should be known. Color and form have a wonderful effect on child life.

The influence of education on the eye was well considered by Dr. Barndt, of Milwaukee.

The article of Dr. Brown, of Racine, on the care of the child in its first two years was full of valuable hints. It was a surprise to many that Horlick's malted milk was not even referred to. The saying distance lends enchantment may explain his preference for Carnrich's soluble food.

Dr. Hœhne's paper on "Flashlights on Child Life" was full of practical ideas.

The Bureau of Surgery had a good programme, but several of the essayists failed to appear. Dr. Forsbeck, of Milwaukee, related a remarkable case of perineal cystotomy where he removed six large stones.

Dr. Webb reported a case of tubercular abscess.

Dr. Pratt gave some recent experience with intravenous infusion of normal salt solution.

Your correspondent left before the election of officers, which seems to be a minor matter in this earnest society. We learn that twenty-one new members were enrolled, showing that the spirit of Drs. Douglass, Ober, Pierce, Dale and other organizers and able exponents of the cause still moves in this conservative state.

#### A UNION MEETING.

A novel feature was a ride to Waukesha and a union meeting at the Fountain house.

The interior of the Fountain house in its palmiest day of the past did not present a more animated and impressive appearance than it did that night with its guests in attendance at the union medical convention. There were 500

Ladies and gentlemen assembled drawn from the professional life of Wisconsin and the occasion was one of the most unique in the history of the state—the assembling of allopathic, homœopathic and eclectic physicians in council, the design of which is to harmonize the different systems of medicine along lines wherein their interests are mutual.

Dr. Reineking of Sheboygan presided. The Rev. J. S. Lean delivered a pleasing address of welcome and Dr. J. W. Burns of Viola responded. Thereafter came the addresses in behalf of the State Medical society on the subject of "State Control of the Practice of Medicine," by Dr. W. H. Washburn of Milwaukee. Dr. J. V. Stevens of Jefferson spoke of "Sanitation and Public Control of Charitable Institutions" in behalf of the Eclectic society, while Dr. Q. O. Sutherland of Janesville, for the homœopaths talked of "National Control of the Practice of Medicine."

The paper of Dr. Taylor, on Homœopathic Materia Medica in Insanity, consisted chiefly in drawing graphic pictures of the *Aconite* insane person, also of *Belladonna*, *Bryonia*, *Hyoscyamus*, *Stramonium*, etc. The *Aconite* person was of high tension, fearful and active. The *Kali phos.* insane was almost demented, slow and sluggish of thought, speech and action. He had seen wonderful effects in cases in the Western Illinois Insane Hospital. Sun-

stroke cases with all sorts of skin eruptions, eczema, etc., were put upon *Natrum mur.* In some cases the effect was remarkable. This salt is often deficient in the blood of the aged. In *Stramonium* cases if blind-folded they cannot stand—lack power of co-ordination. The paper as a whole was a surprise and a delight to the society. Dr. Taylor is an enthusiastic Homœopathic physician.

Interspersed were musical selection by Tullars' orchestra and a pleasing recitation by Mrs. Irving of Milwaukee. The meeting closed with an informal reception and a hop.

The night was hot and the assembly room close, so that the two last speakers had a slim audience or was it lack of interest by the regulars of a report on the indications of remedies in the treatment of the insane. It was the second surprise of the meeting, and set the blood of the Homœopaths present tingling with delight. The description of the *Aconite*, *Belladonna* etc. patient was graphic and practical. What Dr. Talcott has done in New York, Dr. Taylor is also doing in Illinois, making a record for Homœopathic therapeutics. Hahnemann made his first notable cure of an insane man. This result should take Homœopathy into one insane asylum in every state in the Union.

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### THE AMERICAN INSTITUTE.

The American Institute of Homœopathy held one of its best sessions last month at Richfield Springs, N. Y.

Although the attendance was not so large as the last year at Washington, when the dedication of the Hahnemann Monument was the drawing attraction, yet the interest, tone and quality of the papers and discussions was surely above

the average of former meetings.

The applications for membership far exceeded any previous record amounting to 144 at the first session. The membership fee and the annual dues requiring each applicant to pay seven dollars at once amounted to a sum which from a commercial standpoint was regarded as a genuine boom.

Richfield Springs proved to be an ideal place for the Institute (when you once get there] clean, cool, quiet, with ample accomodations, away from the "hum drum" of the city, were features much appreciated by the busy doctor.

Those who joined the "Smith family" and were chaperoned by Wilson A. from Chicago have no "kick coming"—a through Pullman without change, even if the last one hundred miles our car was made the tail end of a milk train, was a real luxury compared with the sorrow experienced by many who relied upon the regular trains to reach so secluded a spot.

A new feature, entered into with such mutual good feeling was the move made to affiliate all the adjunct sections which in recent years have been conducted almost independently from the Institute proper. A revision of the constitution to be reported next year will incorporate this reasonable and much needed change.

The Materia Medica Section proved to be unusually interesting. Dr. J. B. G. Custis had so arranged the program that by implication at least, the charge was made that students recently graduating, as well as others, taking examinations before State Boards are making poor grades in materia medica. This of course stirred up the representatives of different colleges and offered an opportunity for some free advertising to those institution which were hit the hardest either by the truth or falsity of the accusation. At the conclusion of the discussion it was evident by the consensus of opinion that though charges were unjust yet the presentation and discussion of the subject had been a means of discipline to the colleges inclined to slight their course in materia medica and result as a stimulus to all educational institutions to do better work.

The time and place of the next annual meeting was left, after a spirited discussion, to the executive committee. Cleveland, Niagara Falls, Lookout Mountains and Richfield were locations placed in nominations.

Returning by way of Niagara Falls two days were spent, the week following the Institute, in attending the International Hahnemann Association which met at the Falls. About 45 were in attendance. The papers and discussions were of a high order from the standpoint of true Homœopathy.

Milwaukee, Wis. extended a pressing invitation for the association to meet in that city next year, but Chicago received the vote of the Association.

The following are the appointments for committees, etc., for the coming year.

#### CHAIRMAN COMMITTEES.

Transportation, J. B. Garrison, M. D., New York.

Resolutions, Benj. F. Bailey, M. D., Lincoln, Neb.

Press, J. L. Moffatt, M. D., Brooklyn, Revision of By-laws, T. Y. Kinne, M. D., Paterson, N. J.

To Co-operate with O. O. & L, W. A. Dewey, M. D., Ann Arbor, Mich.

On Medical Examing Boards—C. A. Groves, M. D., East Orange, N. J.

Life Insurance, A. W. Baily, M. D., Atlantic City, N. J.

Memorial Service, T. Y. Kinne, Paterson, N. J.

Necrologist, A. C. Cowperthwaite, M. D., Chicago.

Organization, Registration and Statistics, T. F. Smith, M. D., New York.

Medical Literature, Frank Kraft, M. D., Cleveland, O.

International Bureau of Homoeopathy, J. B. G. Custis, M. D., Washington.

#### CHAIRMAN OF SECTIONS.

Materia Medica, C. F. Menninger, M. D., Topeka, Kans.

Clinical Medicine, W. H. Van Denberg, M. D., Mt. Vernon, N. Y.

Obstetrics, J. P. Cobb, M. D., Chicago

Gynecology, H. F. Biggar, M. D., Cleveland.

Pedology, J. P. Rand, M. D., Boston.

Sanitary Science and Public Health,

C. F. Adams, M. D., Hackensack, N. J.

Surgery, C. E. Kahlke, M. D., Chicago

Neurology, and Electro-Therapeutics,

A. P. Williamson, M. D., Minneapolis.

Ophthalmology, Otology and Laryngology, H. H. Dinnell, M. D., Norwich, Conn.

Medical Education, C. E. Janney, M. D., Baltimore, Md.

Medical Legislation, J. H. McClelland, M. D., Pittsburg, Pa.

#### INTERNATIONAL HAHNEMANN- IAN ASSOCIATION.

The Twenty-second Annual Meeting of the International Hahnemannian Association was held at Niagara Falls on the 25th, 26th and 27th of June. It was the largest and most successful meeting in eight years.

The scientific part of the Association's work was divided up into four bureaus. Forty-five papers were read and discussed. It was a symposium of cures with the single indicated remedy. Considerable time was devoted to the subject of Homœopathic Philosophy and some delightful papers and some interesting discussion was held on the subject.

The greatest harmony prevailed, and a lively interest was manifested in the well-fare and success of the society. Every member left with increased strength and faith in the law of cure.

Besides the scientific work, much general business was transacted. The By-laws were re-arranged and codified, and the Board of Censors reported favorably on the names of twenty-one new members, forming a considerable

accession of new blood and strength.

The Necrologist reported four deaths. The election of officers resulted as follows:

President, T. D. Stow, M. D., of New York; Vice President, E. B. Nash, M. D., of New York; Secretary, J. B. S. King, M. D., of Illinois; Treasurer, F. Powel, M. D., of Pennsylvania.

#### THE O., O. AND L. SOCIETY.

The Homœopathic Ophthalmological, Otological and Laryngological Society held its tenth annual meeting on June 15th, 17th and 18th at Richfield Springs. The akonphone and akonation, micro-telephonic instruments were exhibited and their remarkable power to aid the incurably deaf was demonstrated.

Forty four papers were read and discussed. C. Gurney Fellows, M. D., was elected the next President.

#### HAHNEMANN MEDICAL ASSO- CIATION OF IOWA.

The Thirty-second Annual Session of the Hahnemann Medical Association of Iowa, met at Des Moines, Iowa, May 28th and 29th, 1901. All bureaux were well represented and the meeting was a most interesting one.

Arsenization prophylaxis of yellow fever and asiatic cholera as promulgated by Dr. R. B. Leach; of St. Paul, Minn., was heartily endorsed by the Association, and his efforts to secure a National Commission to investigate the same were commended.

Officers for the ensuing year were elected as follows: President, F. A. Remington, Sioux City; First Vice President, Caroline F. Brooks, Independence; Second Vice President, Emma F. Richardson, Cedar Rapids; Secretary, E. R. Ames, Rolfe; Treasurer, George Royal, Des Moines.

Waterloo was selected as the next place of meeting, the date to be determined later.

## Editorial.

### CURE VS. RECOVERY.

Our paper in the June issue entitled *The Difference between Recovery and Cure* has brought forth the desired comment, showing the need for just such an article. The burden of the comments may be summed up in the one statement that *the public is getting as good service as it is willing to pay for*. In other words, the second reason presented by us and dismissed with least comment is offered by the great majority as the excuse for doing no better work. Some make the claim that repeated *recoveries* is as much as anyone can promise, because in the natural course of events all must die. Others acknowledge that they have no excuse to offer and express a desire for knowledge of the better way.

It is a waste of time trying to convince anyone of the error of his way until he is ready to listen to reason and will acknowledge his limitations. The most that can be done is to faithfully proclaim the truth as you see it and exercise every faculty to detect error in your own premise or its conclusions; to be ready to receive truth from any source and make it a part of your own working hypothesis. Truth is never in conflict with any other expression of truth. Where ever it is found harmony prevails. If Homœopathy has permitted any error to creep into its tenets there need be no fear from the exposure of the same. Error is a source of weakness, while Truth is invincible. It is a great misfortune when a man refuses to investigate because he is voluntarily closing the only door whereby his perceptive or reasoning faculties may be developed. Each and every reader

of this article possesses more *latent* force than has been developed by all the experiences of the past. That which seems impossible today may be within easy comprehension tomorrow. If a *recovery* is the best you can give to suffering humanity today, don't fall back upon the weak excuse that there is no incentive for the exercise of greater skill, but develop to the highest degree every faculty that you possess and see how quickly the world will recognize the improvement and show their appreciation in a most tangible manner.

Bear in mind another fact that it is impossible to continue bringing about *recoveries*. Wherever you have a history of "recoveries," the last one is always *more* severe than the preceding one and the "recovery" is less satisfactory. There is a *shorter* interval between the attacks and *less* exposure is needed to bring about the disturbance. The results are diametrically opposite when suitable methods are employed for the *cure* of the patient. There may be a brief history of *relapses* but each one is *less* severe than the one preceding and the interval between is *lengthened*. Since the *patient* is being treated instead of the *disease*, it is but reasonable to assume that *he* should be under observation *after* the local or temporary disturbance had disappeared, because the patient is not trained to sufficiently close observation to enable him to act as judge over his own case. In the very nature of things he is liable to be prejudiced.

In conclusion, our investigation of the many methods of healing employed by mankind leads us to the conclusion

that we can bring to bear the most potent forces through the law of *similia similibus* for the *permanent* removal of disease manifestations that can be found, because it is founded upon Truth and consequently is in most perfect touch with Truth as found elsewhere.

### THE INFANT'S GROWTH.

An infant should double its weight in six months, and treble it in a year, provided it is a healthy child, and its nutrition is in every way satisfactory, says a writer in the *Journal of Hygiene*. If a child does not increase at the rate of one pound a month during the first year of life, and twelve ounces a month during the second year, its nutrition is not satisfactory. If a child does not grow nearly three-quarters of an inch every month during the first year of life, and half an inch a month during the second year of life it is not satisfactory. The latter is, of course, not of the same im-

portance as the former. Clearly, premature children would not be so large, though they should increase at about the same ratio.

The *Medical Council* furnishes some good advice as to how doctors ought to live. For the most part, it applies with equal potency to the laity. Here it is:

1. Do not work beyond your strength. The judicious worker can accomplish more than the spasmodic worker.

2. When your practice becomes too large, turn over the most unprofitable part of it to younger and less busy men. As soon as possible decline all night work.

3. Avoid intemperance, be home at meal times, and retire early.

4. Save a part of every year's income so that you may have something to fall back on in sickness or old age.

5. Take at least a half day's vacation once a week and a month once a year.

### EDITOR'S TABLE.

Dr. C. E. Squire is located at Jordan, New York, removing from Syracuse.

Dr. L. A. Jackson, Cleveland, '98, was recently married. He is practicing at Gahenna, Ohio.

Dr. Clarence W. Carroll of New York City, died May 1. He practiced in the city for over 23 years.

Dr. Marian K. Lee Vey of Covington, Ky., will this fall open an office in the Ohio metropolis.

Dr. J. S. Alexander, formerly instructor at the Chicago Homœopathic Hospital, is now located at Omaha.

Prof. Wilson A. Smith, editor of the *Medical Visitor*, has been advanced to a full professorship of materia medica in the Chicago Homœopathic Medical College.

Dr. F. G. Cretors has established himself at Mason City, Ill.

Dr. N. Bergman has moved from Dwight to 1201 ½ Cass st., Joliet, Ill.

Stillwater, O. T., will be the future field of operation of Dr. B. C. Elms, formerly of Savannah, Mo.

In order to test the efficacy of homœopathic treatment for the insane, the governor of Nebraska has appointed Dr. F. F. Teal of Omaha, superintendent and head physician of the Norfolk Asylum.

All those who attended the American Institute meeting at Richfield Springs are enthusiastic in their praise of the treatment accorded by the railroad companies, especially the Lackawanna and Western.

Dr. F. H. Husband, class of 1901, University of Michigan, Homoeopathic Medical College, is now located at Port Huron, Mich.

Dr. G. Roy Owen of this year's class of the University of Michigan Homoeopathic Medical College has located at Centerville, Mich.

In Indiana a person holding a diploma from any osteopathic college in the United States can obtain a license to practice medicine.

Drs. J. R. Kippax and Joseph Low of Chicago and Dr. Bragdon of Evanston, are having a good time and enjoying a deserved rest in Europe.

FOR SALE. — Knerr's Repertory to Guiding Symptoms; good as new, \$6.50. Address, HARVEY FARRINGTON, M. D., 808-17 E. Van Buren st., Chicago.

Brisk trade and high wages in Edinburgh, Scotland, has resulted in excessive use of alcoholic stimulants, which in its turn has filled the Royal insane asylum.

During the past year the New York Homoeopathic College was enriched by donations and subscriptions to the amount of \$245,000, the total amount of its reserve fund now being nearly \$750,000.

If we would be happy when among good men, we should open our ears; when among bad men, shut them. It is not worth while to hear what our neighbors say about our children, what our rivals say about our business, our dress, or our affairs.

Prof. N. B. Delameter of this city was elected president of the National Electro-Therapeutic Association at its recent meeting. The Association meetings will hereafter be held at the same time and place as the American Institute of Homoeopathy.

The marriage of Dr. B. W. Henderson and Miss Bertha I. Fisk, both of this city, took place on July 2. Upon their return from a wedding trip, they will be at home at 5459 Lexington ave.

Typographical errors, March 15, 1901 in the article, entitled, "Some of the difficulties of Homoeopathic Prescribing. ERRATA: Page 119, left column, line 6 from below instead of sapanifier read *saperifics*. Page 119, right column line 11 from above, instead of perform read *produce*. Page 120, right column, line 21 from above, instead of inverted read *indented*.

A club composed of divorced women is to be formed in Vienna, Austria. One of the objects of the club will be to provide for its members "who were compelled to divorce their husbands for economic reasons with the comforts of home which they were forced to relinquish." What an over crowded condition would result from the establishment of such a club in Chicago!

The following well known Homoeopathic physicians have been appointed members of the State Boards of Examiners by the governor of Texas: Drs. Geo. D. Streeter of Waco; J.R. Pollock, Ft. Worth; Wm. R. Owen, San Antonio; A. O. Buck, Corsicana; M. S. Metz, McKinney; G. F. Thornhill, Paris; Wm. T. Smith, Denison; M. O. Brenizer, Austin; and T. J. Crowe, Dallas.

An English medical writer, commenting on the present craze for Roquefort, Limburger and the "properly aged" American varieties of cheese, says these articles belong in the category with "embalmed beef," mouldy bread and gangrenous "game." "The flavor comports with the smell, and either one would cause a respectable canine to drop his astonished tail and sneak out of the rankest soap factory or tan yard on the face of the earth."



As a cause of drunkenness whiskey is credited with producing 50 per cent. of it and beer with 20 per cent.

Dr. E. R. McIntyer has moved from the Stewart building to suite 1209 Masonic Temple this city.

Dr. B. Saltzberg of Riga, Russia, a Hahnemann (Chicago) graduate, will locate in the Pacific coast metropolis.

The British Congress on Tuberculosis will meet in Queen's hall, London, July 22-26. A large American attendance is expected.

Dr. Eliza L. Whiteley, a graduate of Hahnemann Medical College of Chicago, who has been practicing in Illinois Iowa, will locate in San Diego, Cal.

Dr. Samuel D. Barnes, Dunham 1901, left on June 24 for England and continental Europe. He expects to be gone several months and may take a hospital course in London.

Mrs. Charlotte Fowler Wells, fourth president of the American Institute of Phrenology, died June 4, aged 86. She devoted her long life to the upbuilding of the cause of phrenology.

Neither the Mutual Life Insurance Company, of New York, nor the fraternal order of Knights of Honor will insure Christian scientists. For insurance purposes they are classed as habitual drinkers and with those who follow hazardous occupations.

A decision by the supreme court of Michigan holds that it is not an inalienable right of a citizen to employ anybody he chooses as his physician. "The practice of medicine affects the public health and it is clearly within the police power of the state to provide that those dealing with disease shall be amply qualified to do so, so far as human experience and education may qualify them." The case was that against August C. Reetz.

Dr. A. C. Hart, a prominent homoeopathic physician and educator of San Francisco, died May 28.

Spokane, Wash., is now the home of Dr. Margaret Johnson, late of Ohio. Her address is 308 E. Boone ave.

The Microscopical Society will meet in Denver, Aug. 29 to 31. Low rates and a profitable meeting are promised.

Dr. Harriet M. Carmon of England and Dr. H. Martyn Morton of Parsons, Kansas, are in Southern California with a view of locating.

Hahnemann Hospital of Philadelphia is a beneficiary to the extent of \$60,000 worth of property, the gift of Mr. and Mrs. Geo. C. Thomas of that city.

The automobile of Dr. F. A. Gardner, of Washington, D. C., recently became obstreperous, ran away, threw him to the ground, resulting in a fracture of the leg.

Dr. Dean T. Smith has been appointed Professor of Surgery in the Homoeopathic Medical College, University of Michigan. He has been practicing at Jackson, Mich., but will reside at Ann Arbor.

California seems to be the homoeopathic Mecca. About all that is necessary to induce physicians of that school to locate there is an inspection of her blue skies, pure ozone and flowers. Dr. Albert J. Elliott of Michigan is the latest to be infected. He will locate in 'Frisco to practice his specialty of stomach and intestinal diseases.

The announcement of the marriage of Dr. Alvan Cavala Halphide, the author of *Mind and Body* and *Psychic and Psychisms* to Miss Alice Lawton Brown of Lottsville, Pa. on the first of May has been delayed by reason of the disappearance of the notice. Our congratulations and best wishes go with the happy couple in their new partnership.

Dr. A. C. McNeil, of San Francisco, has removed from 784 Van Ness avenue to 611 Van Ness avenue.

Dr. Starr, of New York, claims the only remedy for drunkenness must come through the mind-moral, religious or social influences.

Colorado takes advance steps to prevent the spread of tuberculosis. All teachers and pupils suffering from that disease are excluded from the public schools.

A move in the right direction was the union of the two Homoeopathic colleges of Kansas City. The name adopted is the Hahnemann College of Kansas City.

For allowing medical students to witness an operation on a woman, a Grand Rapids, Mich., physician was sued, the result being a judgment for \$75.00 and costs against the doctor.

A hail storm in the wine-growing districts of France and Italy would be fatal to the grape crop. To prevent such a catastrophe, vine-yard owners provide themselves with cannon, with which they dispel hail storm clouds. One cannon will protect about seventy acres of vines.

A chemist testifying before an English court of justice said liquid viavi contains 30 per cent. sugar, with tincture of hydrastis and morphin. The pills contain sugar, aloes and, probably, colocynth. The conclusion to be drawn from this analysis is that those who buy this nostrum do so because of the morphin.

Who said legislatures are wholly bad? The Indiana body has passed a measure for the appointment of a Marriage Commission, to be composed of two mothers, two prominent physicians and an attorney. The object is to prevent the union in the marriage relation of the unfit. The result will be watched with interest.

Dr. William H. Harrison, the well known Homoeopathic physician of Houston, Texas, was married on June 13 to Miss Nannies J. Robiuson of Chattanooga, Tenn. Dr. Harrison has been practicing in Houston for about ten years and has been very successful.

The county court of White Plains, N. Y., convicted a father of wilfully violating the law by failing to call in a physician to attend his 2-year old daughter who was suffering from catarrhal pneumonia. The father believed in prayer, but, as in other cases, it didn't cure pneumonia.

The mayor of Emporia, Kan., has issued an order forbidding the printing by the local newspapers of details of suicides occurring in that city of 9,000 people. He claims that description of suicidal incidents has created a mania in that city, thirty persons having killed themselves in the past two years.

According to a paper read by D. T. Sutton at the meeting of hospital superintendents recently held in Pittsburg, Pa., there have been built in the past three years 1,000 new hospitals in the United States, a gain of 65 per cent. The expense during the same period for all hospital purposes was \$245,000,000. Over a million patients are treated annually.

According to a French statistician, the decline of the birth rate is the more marked in the United States, than in any of the World's great countries. The enormous increase of 14,000,000 in our population during the past decade is due, he says, to immigration which, if eliminated, would place this country, so far as decrease of the birth rate is concerned, on a plane with France. This is accounted for by the fact that the birth rate in all countries decreases in proportion as the luxuries of civilization increase.

Dr. O. E. Maddox of Rockville, Ind., was on May 22, united in marriage to Miss Bessie Pierce of that city.

Sixteen graduates were turned out by Ann Arbor Homœopathic College on June 20.

Dr. Frederick C. Robbins has removed from Yarmouthport to 25 Village st., Dedham, Mass.

At the examination of candidates for license to practice medicine in New Jersey, on July 5, 29.4 per cent were rejected.

Because of their sympathy with the law breakers, New York City magistrates have nullified the anti spitting ordinance of the metropolis.

On June 29, Dr. E. P. Clapp of Evanston, was married to Miss Mary I. Norton of Philadelphia. They reside at 1420 Chicago ave., Evanston.

Dr. C. Gurnee Fellows, who manages the business end of the *Clinique*, was elected president of the American Homœopathic O., O. and L. Society.

Six hundred delegates attended the Anti-Cigarette League meeting at Buffalo the second week of July, Charles Fisk of this city is Secretary of the league.

The regular annual sessions of the *American Association of Orifical Surgeons* will be held in Chicago, September 18th and 19th during the week of Prof. Pratt's "clinic"

Dr. E. H. Pratt reports that the *Journal of Orifical Surgery* has been discontinued. It had accomplished its mission and there being no further need of an organ devoted to that particular branch of surgical investigation the future could be left in the hands of the general profession while the efforts of the editor could be concentrated upon the writing of books for which his varied experience has made him especially adapted.

The union of the Southern Homœopathic Medical College of Baltimore and the Maryland Homœopathic Hospital is an accomplished fact. Heretofore the two have been rivals, and their union will no doubt inure to the South.

What next? In an Austrian village near the Adriatic, the "nudity" cure for the debilitated, neurasthenic, the tired etc. practiced. Short trunks and a hat compose the costume. Baths, massage, gymnastics and games are indulged in, and a strict vegetarian diet rounds out the treatment.

"Hot waves" in New York City, for the five days ending July 3, caused 729 deaths, 200 more than for the corresponding period of 1900. Heat also caused the death rate of Philadelphia, Baltimore and other eastern cities to nearly double last year's rate. In New York the streets were strewn with horses prostrated by the intense torridity.

A vacant mind takes all the meaning out of the fairest face. A sensual disposition deforms the handsomest features. A cold, selfish heart shrivels the best looks. A mean, grovelling spirit takes all the dignity out of the figure and all the character out of the countenance. A cherished hatred transforms the most beautiful lineaments into an image of ugliness.—*Exchange*.

Dr. Benjamin Ward Richardson of England, found after long experiment and practice, that 64 deg. Fah. is the best temperature in which to conduct mental labor. If the temperature falls below this the mind becomes drowsy and inactive, if it rises much above this, there is a relaxed state of the body and mind which soon leads to fatigue and exhaustion. It is important that the temperature be the same in all parts of the room and that it be steadily maintained.—*Exchange*.

## Book Reviews.

**International Homœopathic Directory**, Homœopathic Publishing Co., 12 Warwick Lane, London E. C., England. Price \$1.00.

This is international with the United States of America left out, but it is a very interesting compilation and so far as we have been able to verify with our lists correct. The publishers are very desirous of including a complete list of the physicians of the United States in their issue of 1902 and offer to furnish a copy of that issue with the insertion of your name upon receipt of one dollar. Send them your name and they will send a circular when the next issue of their Directory is being compiled.

**Principles of Surgery.**—By N. Senn, M.D., Ph.D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating-staff with the Army in the field during the Spanish-American War. Third Edition. Thoroughly Revised with 230 Wood-engravings, Half-tones, and Colored Illustrations. Royal Octavo. Pages, xiv—700. Extra Cloth, \$4.50 Net; Sheep or Half russia, \$5.50, Net. Delivered. Philadelphia: F. A. DAVIS COMPANY, Publishers, 1914—16 Cherry street.

As an author, Dr. Senn needs no introduction to the profession. Within the past ten years Senn's principles of surgery have passed through to editions and the third edition is so thoroughly revised as to practically constitute a new book. This work must not be confounded with operative surgery, but simply one of the best exhibitions of surgical principles extant.

**Manuel of Homœopathic Materia Medica.**—Wm. Bœricke, M.D., published by Bœricke & Runyan, San Francisco, Cal.

Many practitioners have depended upon Johnson's Therapeutic key as their companion for bedside consultation. In this little work of 572 pages, we have the most complete and at the same time, reliable pocket manuel in existence. Nearly 1000 remedies are considered in this little work, and still enough is given of each remedy to enable the student to form a very accurate conception of genus of the remedy; it is wonderfully complete and needs only the repertory and general index. It is in preparation to give to the profession that for which they have been seeking for many years. This book is only about 4x6 inches in size and can be carried in the coat pocket without difficulty.

**Review of Reviews.**—In the editorial department for July, Dr. Shaw discusses the prospects of the wheat and corn crops, the conditions of our export trade, and the recent growth of American capital; on the political side, the decisions of the Supreme Court in the insular cases are reviewed and summarized, together with Cuba's acceptance of the Platt amendment and the outlook for Porto Rico and the Philippines; Mr. Carnegie's gift to the Scotch universities, the choice of Dr. Remsen as the new president of the John Hopkins University, and the launching of the Washington Memorial Institution are among the educational topics treated in this issue.

**A Manuel of the Diseases of the Nose and Throat.**—By Cornelius Godfrey Coakley, M. D., published by Lea Brothers & Co., New York and Philadelphia.

Owing to the exposed position, the nose and throat offer many opportunities for disease manifestations, and therefore, become a very fruitful field for the employment of local measures. The author of this book recognizes this fact, and conscious or unconsciously seeks to promote a form of treatment whereby the susceptibility may be perpetuated and a victim retained as a profitable source of income to the practicing specialist. There is nothing curative in the treatment offered from the beginning to end. Scarcely a constitutional cause or the suggestion of agents capable of removing the same. Palliation pure and simple, with the hope that at least temporary relief may be given the patient. The publishers have given the author a fine exhibition of the book-maker's art, and it is at this point that the merit of the publication ceases.

**Clinical Pathology of the Blood.**—By James Ewing, A.M., M.D., published by Lee Brothers & Co., Philadelphia and New York

The importance of an analysis of the blood is being urged by scientific investigators, with the result of adding to our current literature, many monographs upon this important subject. The author shows a very comprehensive knowledge of the literature bearing upon the subject, and this work is practically a critical analysis of the different views held, with a statement of the source of his information so that the reader may have the benefit of original investigation if such is his pleasure. It, therefore, becomes a work of double value by virtue of the fact that we have the opinion of one individual upon the various department of a new subject for investigation, and at the same time we have a complete bibliography on the subject to

date. For these reasons this work will be welcomed by the profession and carefully studied by those who would know the results of the most recent bacteriological study of the blood.

**Practical Hygiene.**—By Charles Harrington, M.D., published by Lea Brothers & Co., Philadelphia.

Dr. Harrington is President of Hygiene in the medical department of Harvard University, and this work is designed as a text book for students and at the same time sufficiently comprehensive for practitioners and medical officers. 500 pages are devoted to the consideration of foods, air, soil, water, ventilation, heat, light, plumbing, disposal of sewage and garbage, and the balance of the book, containing about 200 pages, is given to a careful study of quarantine, military hygiene with a shorter chapter upon hygiene of the person.

The discussion of the relative value of foods, together with a careful analysis of their constituents, makes it of special value to general practitioner. Bacteriology and chemistry are dismissed with a similar statement that they belong to separate and distinct works and have no legitimate place in a work of practical hygiene. A careful investigation of the book, convinces us of the comprehensive manner with which each subject is considered. The work is recommended to all who would understand the importance of prevention in the treatment of the sick.

**Orthopedic Surgery.**—By Royal Whitman, M.D., published by Lea Brothers & Co., Philadelphia.

Orthopedic Surgery has been a most fruitful source of revenue at the hands of ingenious Charlottons, and many appliance have been devised for the mechanical correction of physical deformities. Within the past ten or fifty

years the general trend of scientific thought has been directed to the prevention of instead of the correction of defects already established, much progress has been made along this line, both through a mechanical and a therapeutic standard, and the author of this treatise has incorporated practically every new idea and appliance known to the surgeon within the narrow confines of the dominant school. Much remains to be done, however, in this special line of mechanics, and the man who will master the great problem of Orthopedic surgery, must investigate along lines which have been long known and practised by the followers of Hahnemann, supplemented in all probability by investigation in accord with osteopathic theories. There is much, however, to commend in this excellent treatise, which is so profusely illustrated by drawings and half-tone engravings.

**Stringtown on the Pike** by John Uri Lloyd and published by Dodd, Mead & Co., New York.

A review of *Stringtown on the Pike* would be defective if it did not contain a sketch of the author, because consciously or unconsciously he has permitted a portion of his very life to become indelibly stamped upon the individual that gives character to the story.

The scenes are mostly laid in Kentucky and very accurately portray types that gave color to that portion of the state bordering upon the "pike" or main thorough fare between Cincinnati and

Lexington before the war. The author got "Near to Nature's Heart" and the weird and mystical superstitions of the "house" slave is mixed in the thread of the story with great effect. The natural refinement and chivalry that has made the "blue grass" commonwealth famous is here pictured with great accuracy.

A mystery surrounds the antecedents of a little girl found in the charge of a faithful slave and his wife. She is permitted to grow up like a wild rose, but watched with the fidelity of St. Bernard dog. Their every act being prompted by a sign or omen. They are especially warned to guard against any change meeting between this child and a *red haired* boy. When this meeting takes place they feel that they share the responsibility with another and this leads to the separation of the girl from her natural guardians and the selection of a school when she shall be prepared for her proper place in life. Complications arise and lovers multiply which add to the distress of the faithful old darky; but the story develops along natural lines and not as the professional story teller would weave a fiction. The reader becomes intimately acquainted with the characters and enters into the details with great interest. Many thrilling scenes and crises are brought out with great vividness, but we haven't the space to reproduce them. The physician, the scientist, occultist, and the general reader of character will find this a story of great interest.

# The Hahnemannian Advocate

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## Materia Medica.

### SERPENT POISONS.

J. R. HAYNES, M., D., INDIANAPOLIS, IND.

Some years ago I came into the possession of a genuine specimen of the *Crotalus horridus*, and made many experiments with it. It was the most venomous specimen that I ever saw. Its bite would kill a large sized rat inside of three minutes, one right after another out of dozens which were bitten by it. Not one of them lived over three minutes and a half. I observed them as closely as I could after the bite, and the symptoms were so nearly alike that it would be almost impossible to differentiate between them. The victims would sit for some little time as if in a complete stupor or a powerful narcotic when progressive paralysis would commence, beginning in the hind feet and extending upward. Abdominal breathing was very prominent and with great effort. They would seem to be in great distress, act frightened; some of them would urinate once or twice, but not more than a drop or two of dark yellow urine having no special odor that I could perceive, when they would fall over dead. A large number of them were dissected, microscopical examinations were made and each corresponded with all the others. The blood was defibrinated and the red corpuscles were somewhat shriveled and serrated around the edges. The blood remained fluid for hours and

in color very much resembled venous blood. The bodies would soon decompose and emit a very unpleasant odor, so that it was necessary to dispose of them soon after dissection. Although it was warm weather, not a single common fly was seen around where the dissections were made.

There are quite a number of species of the *Crotalus* in the United States; but, so far as I know, none of them has been proved but the *Crotalus horridus*. I have had three specimens of them under observation, one very large one that came from the south, *Crotalus cervatus*. This specimen would bite a rat which would mope around for a short time and then seem as well as ever. Not one bitten was killed by a bite. Some were kept for a week and showed no peculiar set of symptoms or that they were affected by the poison. I also received one from Utah, near Salt Lake City, and one from Southern California, but the bite of neither of them would kill a rat even after days and they showed no signs of being poisoned. I therefore came to the conclusion that the venom from them was worthless. Now it may be possible that some of our pharmacies get this venom and think it comes from the real *Crotalus horridus*. The venom from latter specimens might be of great

value if we had good provings of it; but, so far as I know, there has been none made and we are in the dark regarding the effects of these poisons.

I have never been able to procure a live specimen of the Indiana variety, *Crotalus crassus*; but from all I can learn, they are short and chunky in shape, and, so far as I can learn, the bite from one of them would hardly prove very serious. I have never seen or heard of a report of death from one of their bites. I have seen persons who claimed to have been bitten and their reports are that they have suffered a long time from the effects. A close examination of their cases, however, leads me to the conclusion that their troubles were from other causes as they exhibited no symptoms which I could attribute to the *Crotalus* or any other species of poisonous serpents.

The provings of *Crotalus horridus* produce a large number of symptoms and are deserving of a very close study which will repay any physician who makes it and carefully applies the resultant knowledge to the cure of the sick. The symptoms of all the real poisonous serpents have many things in common, but when you come to take the totality you will find them very different. The *Crotalus* is a characteristic of hemorrhages from any portion of the body, but more particularly to the mucous membranes. Its analogue is the *Bothrops* and *Vipera*; but, in a less degree, *Elaps* has more affinity for hemorrhage of the lungs, and *Lachesis* and *Naja* of a much less degree than the *Elaps*. One of the psychic effects of the *Elaps* is that the patient can speak but cannot understand what is said to him. *Bothrops* has entire aphasia and loss of memory. *Naja* has inability to speak and in this case the trouble is found in the organs of speech. All of these poisons produce paralysis which

may last through life. Cramps and convulsions are found in *Naja*, *Elaps* and *Vipera*; but are more pronounced in *Naja*, and in *Vipera* they appear more like epilepsy. All of them produce ulcers with putrid discharges. Many of the symptoms of *Crotalus*, *Bothrops* and *Elaps* appear on the right side, while *Lachesis* appears mostly on the left side. In *Naja* they are upon either side, left or right, but more pronouncedly upon the left side, while *Vipera* has no predilection for either side.

The ecchymosis of *Lachesis* is of a cyanotic or bluish color. From *Crotalus* it is almost of a black color. *Elaps* is more of a pale or cadaverous color. *Vipera* is of a pale, deathly color. *Bothrops* is more like that produced by a violent fever, a mahogany color.

All of the species will bear a close study and the result will be very peculiar sets of symptoms that are found under no other remedies. All have a predilection for malignant conditions, especially putrid, malignant ulcerations.

In some cases the odor may be but slight, while in others it is very pronounced. All of the species have many symptoms in common and will bear close scrutinizing and very close study and examination, in some of the species some of the symptoms stand out very prominent, while in others they will appear but slightly and very easily overlooked; but all should be given their full value, while in those which may appear but of little import will stand out very prominent in some of the others.

I do not pretend to give the pathogenesis of these poisons, as they can be thoroughly studied in any of the lately published materia medica's, but to call especial attention to them and where they can be differentiated, if I can accomplish this end then my object will be attained.



**A Putrid Gangrene—Crotalus.**

Mr. H—— about 28 years old, spare built, weight about 130 pounds, rather light complexion, light brown hair; greatly emaciated and of a very despondent disposition over his condition (and well he might be); came to me on July 24, 1898, with a large gangrened ulcer on the outside of the left knee joint. The ulcer was about five inches in length, extending about equally above and below the knee joint, and fully three inches wide in the center, tapering down to about one inch at each end of the slough, and was surrounded by a greenish black border fully one inch in width which was again surrounded by a pale pinkish border which faded off to a deathly color. The muscles and ligaments were sloughed away so that portions of the bone were plainly visible; both ends of the femur and tibia were enlarged to fully twice the natural size; the leg was semi-flexed and extremely tender to motion, so that an attempt to straighten the leg was very painful; he could not bear the least weight on the left foot. There was very little sense of feeling in the gangrened portion and was very sensitive outside of it. There was a very free, greenish, watery discharge from the ulcer, this discharge being of the most disagreeable odor of putrescence that I ever came in contact with in all my life; the border of the ulcer would bleed from the slightest touch, was of a reddish brown color and upon examination found it was defibrinated, red corpuscles were shrunk and on the most of them the edges were serrated. His appetite was very poor, was disgusted at the sight of food. A cold, clammy perspiration covered his forehead and face, felt very weak and prostrated, had hard work to get upon his crutches and after he did would drag his well foot along as if it was paralyzed and would reel and stagger like a drunk-

en man. He was the most woe-begone looking "kuss" I ever saw; had hard work to breathe with free expansion of the abdominal wall. Had to urinate often with but a few drops at a time of a very dark yellow color. Could get no satisfactory sleep or rest, as he had to lie on his back with the sore leg propped up on a pillow in a semi-flexed position and the clothes or bed coverings had to be held up so they would not touch the sore knee.

Upon examination of the discharge I found evidences of an old suppressed gonorrhœa, to which he acknowledged, but it had been fifteen years ago and it had never troubled him since in any way so far as he knew or felt. He had been in the hands of several physicians and all of the antiseptics known to science (?) had been freely used, even the celebrated hydro oxides, but none of them had given any relief whatever.

Now, what was to be done for this poor miserable "kuss"? I must "own up" that I was severely puzzled. Was there anything that would cure this case? It looked very doubtful to me; so I told him I would do the best for him I could, but could not promise a cure.

Now, what was the remedy for such a case as this? Where could it be found? I concluded that it must be found among the serpent poisons, if it was found at all. So let us digress here for a moment and give some of them an examination. We will look at some of the characteristic symptoms of the poisons and enumerate some of the most characteristic of the different species, or distinctive symptoms manifested by one or another of these poisons, but shall consider the pathogenetic effects common to all of them.

The venomous serpents have in the upper jaw on each side a fang resting upon the sack which produces or

secretes the poison. This fang is usually concealed in a fold of the gums and can be elevated by the will and pleasure of the serpent so that when it strikes the poison may flow out and into its victim. With some serpents this fang is grooved and in others it is hollow. It rests upon the poison sack, which is nothing more or less than the parotid gland, but in the serpent its function is not to secrete saliva but a most deadly, poisonous substance. The hollow teeth are found in the various species of the *cro-talus* genera, *trigonocephalous*, *bothrops* and *vipera*, while the furrowed teeth belong to the genera *Naja* and *Elaps*. The harmfulness of the bite and its effects are dependent upon its violence, the amount of the poison injected, the part bitten and the resistance of the person who has been bitten. Like all animal poisons the serpent poisons have very depressing effects upon their victims. The blood soon becomes defibrinated and loses the power to coagulate; there are hemorrhages into the cavities of the body and echymoses of the serous membranes and the skin, and through this into constitution of the blood. There arises a yellow color of the skin resembling icterus. The symptoms after the bite are a bluish discoloration of the place bitten, then a swelling which spreads all over the body and become so serious as to cause suffocation. Around the spot there may appear a number of petechia, then there arises a malignant ulceration with the secretion of malignant pus, and gangrene, often destroying extensive portions of the skin and surrounding parts. If death does not soon intervene there appears multiple abscesses, the morbid image of septicemia. In very severe cases this symptom is not reached for death closes the scene. The patient has a frightened look, is extremely anxious and falls down dead as if struck by lightning. If the

course is not so rapid then the following symptoms appear, which also show themselves when the poison is taken in provings:

Anguish, depressing despondency, forgetfulness and indifference to everything, delirium, cramps, convulsions quivering, trembling, paralysis and, if death does not intervene, these may last for many years; a sense of constriction, so articles of clothing, especially about the chest, seem to suffocate; difficulty in swallowing even to the appearance of rabies; dizziness, swooning collapse, violent headache, blackness before the eyes, inflammation and bleeding from the eyes, yellow color of the sclerotic coats or excessive sensitiveness; bleeding at the nose, purulent coryza; sensitive to noises; the face reddish, bloated or pallid; icteric discoloration; the tongue is swollen, coated; there is thirst, but swallowing is difficult; vomiting of the ingesta or of blood or bile; ulcers and diphtheritic coating in the mouth and throat; foetid diarrhoea, discharges of blood and mucus; scanty passages of urine; respiration difficult, abdominal breathing; paralysis commencing at the lower extremities and extending upward to the chest and upper extremities; the heart beat is frequent, but without strength, bordering on paralysis; in the limbs there is a sensation of prickling and numbness; œdema of the feet, itching of the hands, the formation of blisters, furuncles and carbuncles which secrete a foetid pus and burn; gangrene pustules and malignant ulcers with a gangrenous surface, swelling and suppuration of the glands, especially in the axilla and the inguinal regions, discharging foetid pus.

A peculiar feature in some serpent bites is that the patient cannot bear any pressure and many are aggravated by sleep—sleeping into an aggravation. From these symptoms given above we can see that the serpent poisons are

among the most violent of poisons and on this account are the remedies indicated in the most malignant diseases. Although they are similar they are far from being identical. Each has its own peculiarities; in some of the poisons some one of the symptoms will be more prominent than others, although not entirely lacking.

Now, which is our remedy in this case?

They all have gangrene, hemorrhages, putrid discharges and great prostration, but some are greater than others.

*Lachesis* has a great affinity for the left side; the gangrenous ulcer is more of a bluish or cyanotic color; the putrescence is not so pronounced, as in this case the hemorrhages are not so severe as some of the others, and the blood is not so dark in color.

*Bothrops* has gangrene, but the color is more of a mahogany hue; hemorrhages are but slight in quantity and are of a much lighter color, and the putrescence is not so pronounced nor so irritating.

*Elaps* has severe hemorrhages, but of a lighter color and its affinity is for the right lung which is most marked, and the putrescence is slight in comparison with some of the others.

*Vipers* has less hemorrhage and its affinity is the right side and does not produce such acrid discharges nor such violent putrescence.

*Naja* has still less hemorrhage or gangrene, which is of still a lighter color, but the ichorous discharges are more severe and the metastases are much aggravated, which may appear on any portion of the body and are malignant as well as oppressive.

*Crotalus* has very severe hemorrhages and from any portion of the body, but its great affinity is the right side; the blood is very dark, almost black, in color and the putrescence is very pro-

nounced, the discharges watery and very irritating, with great exhaustion and emaciation and a complete desire for or rejection of any kind of food; paralysis of the whole body or any portion of it, commencing in the lower extremities and extending upwards until the whole system is involved; a very great oppression for breath until complete paralysis of the lungs supervenes and cyanosis follows and death completes the scene.

We chosed *Crotalus hor.* and gave it in the 30th potency, one powder each day with intermediate powders of *Sac. lac.*, the patient to return in one week. As he lived some distance away he could not report oftener than once a week, and it was laborious for him to do even that.

July 31. The improvement was very slight, but the odor was not quite so pronounced. The same treatment was repeated and in the same manner as before.

August 7. Some slight improvement not quite so much exhausted and some improvement in appetite and could sleep some better. *Sac. lac.*

August 14. Still slight improvement, odor less and patient more lively. *Sac. lac.*

August 21. Improvement seemed to have ceased. *Crotalus<sup>cc</sup>* as before.

August 28. Improvement commenced soon after taking the cc and continued; the gangrenous odor was nearly gone; the discharge was much less in quantity and the patient better in every way; color assuming its natural hue and the ulcer beginning to heal, did not bleed when touched. *Sac. lac.* which was continued for four weeks, when improvement again seemed to cease. then one dose of the 1000 was given and *Sac. lac.* for two weeks.

September 29. Sore healing nicely, scarcely any putrescence and discharge but slight; feeling very much better in

every way. *Sac. lac.* for four weeks; when improvement seemed to have ceased, *Crotalus*<sup>10m</sup> was given one dose and *Sac. lac.* for four week, the improvement commenced at once and continued until ulcer was completely healed; but the swelling of the bone remained almost the same as at first. There was but very slight tenderness in and around the joint; he could walk very well without his crutches or cane and said he was feeling first rate in every respect and was driving a delivery wagon for a grocer the larger part of every day.

Now here was another puzzle. What could be done for the enlargement of the joint? After studying over the case I gave him *Symphytum* 6th, one powder twice a day, morning and evening, but had very little expectation that it would produce the desired effect, but was disappointed again, for it reduced the en-

larged joint to its normal size, and the sore was completely healed and not a vestige of a scar was left to show where the ulcer had been situated, and the patient has been at work all this time and it is hard for him to realize that he ever had any trouble with that leg or joint.

One thing I neglected to state in the beginning and upon which I wish to place especial emphasis, and that is, I promptly forbid the use of any applications whatever, except covering the sore with a piece of clean muslin which was to be changed as often as it became soiled with the discharge, and not even water was to be applied to the ulcer except around where the skin was not broken, and there a little soap could be used. These instructions were explicit and under a no less penalty than of an immediate dismissal if not obeyed.

#### A LACHESIS DEAFNESS CURED.

S. MARY IVES, M. D., H. M., MIDDLETOWN, CONN.

Mr. F. R.—, age 28 years, watch-maker.

Tall, dark hair and eyes, sallow complexion, slight build.

Nov. 5, 1896.

Trouble with left ear for six months or so; feeling of thickness at times; commenced with a sensation of singing; earache occasionally with it, pain jerking. The ear feels so different from the right one. Hearing is considerably impaired, cannot hear the ticking of a small watch.

Catarrh through nose clear up into head, for a long time; yellow thick, excoriating.

< spring.

Eyes ache with it.

Mucus drops into throat.

Dyspepsia, irritates and makes cross.

< fried things, fresh bread, fat, apples, cheese, potatoes.

< one-half hour after meals.

< heat; makes him irritable, either heat of room or summer heat.

Restless at night, seems irritated.

*Lachesis*<sup>41m</sup>

Nov. 12.

Two days after, soreness around ear.

Hearing is better.

Felt as though medicine was a tonic.

Catarrh was worse Nov. 7.

Profuse nasal discharge.

Nov. 26.

Hearing in left ear almost like the right one.

Palpitation of heart.

< excitement.

Dec. 12.

Feeling good.

Left ear feels as though more life in it.

Sleeping much better.  
Dyspepsia better.  
Feb. 4, 1897.  
Hearing not quite so clear, may have taken cold from suppressed perspiration.  
Feb. 11.  
Hearing not so good.  
Sleep poor, has been out at night a good deal.  
Feb. 18.  
Sleeping better.  
Pain around heart; weak pain.  
*Lachesis*<sup>41m</sup>  
Feb. 25.  
Feeling good.  
Hearing better again, the left ear is as good as the other.  
May 18.  
Right good, but ear clouded up again a little.  
Catarrh; nasal discharge, lachrymation eyes.  
*Lachesis*<sup>41m</sup>  
May 25.  
Improved.  
Catarrh stopped two days after visit.  
Hearing better, not quite well yet.  
July 2.  
Feels much stronger generally.  
Ear seems entirely well now.  
"Can eat things now I never could before," cheese, potatoes, etc.  
Aug. 19, 1898.  
Woke up suddenly with old deafness in left ear.  
Has been very well since last visit (some 13 months ago).  
*Lachesis*<sup>41m</sup>  
Aug. 26.  
Ear much better.  
Sept. 2.  
Trouble with ear has returned slightly (thinks he took cold taking a trolley ride).

Sept. 8  
Deafness remains, the hearing has not cleared up.  
*Lachesis*<sup>cm</sup>  
Sept. 15.  
Ear is better, but not quite up to the right ear.  
Oct. 7.  
Hearing improved, can hear the ticking of fine watches now.  
Dec. 14.  
Both ears alike for hearing.  
Jan. 13, 1899.  
One ear as good as other, right well.  
This patient applied for treatment on account of his deafness which seriously interfered with his work as a watchmaker. On Nov. 5th, 1896, the case was taken as fully as it was possible to take it; the symptoms were very few, but the guiding features, < heat; < spring time (catarrhal state) and the left-sided location of the ear trouble pointed to *Lachesis*, and the results justified the prescription.  
The report Nov. 12th, shows a slight aggravation from the remedy, "soreness around ear," "profuse nasal discharge." This aggravation being followed by amelioration in the hearing. It will also be noticed that *the patient* felt better in himself as expressed by the words, "felt as though the medicine were a tonic." The correct action of the remedy was shown by this direction of cure—relief to the patient himself, preceding the relief of the particular symptoms, and the fact that during the aggravation of symptoms, the patient felt better in himself.  
As will be noticed the patient improved on the first dose of *Lachesis*<sup>41m</sup> for some three and a half months when a repetition was necessary; that dose carried him along some three months more, when the remedy was again repeated in the same potency. Then for

a period of some fifteen months there was so marked an improvement that for thirteen months I saw nothing of the patient. When he presented himself for treatment at the end of that time, it will be seen that *Lachesis*<sup>41m</sup> brought about only a temporary relief and it was evident the patient stood in need of a

higher potency; the cm was administered, therefore, which took up the work of healing and the patient has been well from the time of last visit until this day. Why did *Lachesis* cure this deafness? Because the remedy was directed toward the sick man who stood prior to his manifestation of catarrhal deafness.

## MAKING ACQUAINTANCE WITH UNFAMILIAR REMEDIES.

JULIA C. LOOS, M. D., H. M., HARRISBURG, PA.

### Gratiola.

July 30.

Mr. N. H., middle aged, occupied in a business which gives much walking and traveling with abundant mental exercise.

Diarrhoea since 10 a. m. yesterday (whiskey punch) rousing him at 6 a. m. < afternoon and evening.

Stools profuse, watery, yellow, offensive (like bile) painless.

Nausea toward evening and before dinner.

Eruclatations tasteless.

Abdomen, soreness, constant since diarrhoea.

Headache slight.

Left ear drum seems obstructed by wax (?), rumbling sensation.

*Podophyllum*<sup>1900</sup>

Aug. 19.

Diarrhoea continues, 4 to 6 stools daily, first about 8 a. m.

< afternoon, gushing, must hurry to stool.

Before—gripping in abdomen, doubles him over.

During—burning in rectum, continues after stool.

After—sharp pain in rectum.

Tenesmus during and after stool.

Stools yellow, watery, chopped, offensive.

General > after stool.

Has been drinking much cold water —“almost a barrel.”

Can furnish no other symptoms.

Reference to repertory discloses:

*Yellow-watery stools*—Aesc., Am. m., Apis, Ars., Bapt., Bor., Calc., Canth., Cham., Chel., Chen., Cocc., Colost., Crot. h., Crot. t., Cycl., Dulc., Elaps, Ferr. ph., Gamb., Grat., Ipecac, Jab., Kali c., Kali n., Lach., Merc. s., Nat. s., Nuph., Ph. ac., Phos., Pic. ac., Plb., Pod., Puls., Rhus., Sanic., Stront., Thuy., Tromb.

*Stool forcible*—Crot. t., Cycl., Dulc., Camb., GRAT. Nat. s., Phos., POD., Rhus., SEC., Thuy.

*Stool chopped*—Rhus.

*Tenesmus during stool*—Crot. t., Gamb., Grat., Nat. s., Pod., Rhus., Thuy.  
— after — Gamb., Grat., Pod., Rhus.

*Abdomen cramp, gripping, before diarrhoeic stool*, Grat., POD.

— *pain compels to bend double*, Grat. (Rhus.' Thuy.)

*Rectum burning during stool* (Gamb.) Grat.

— — after — (GAMB.) Grat. (Thuy.)

*Stool offensive* (Gamb.) Grat.

This gives *Gratiola* the preference.

Its provings and its use however, are wholly unknown to the prescriber. A peep into “*Bell. on Diarrhœa*” reveals at the close of his description. “There is reason to believe that *Gratiola*

will prove particularly serviceable in cases of cholera morbus resulting from drinking excessive quantities of water of moderate coolness; the quantity and not the coldness, being the cause."

This is truly delightful and there is nothing to contra indicate its use in the symptoms found. But there is not a graft of this remedy in the medicine case, nor so far as determined in the town. With the knowledge that it can be received from Philadelphia within twenty four hours from the time an order is sent, the patient is told that the desired medicine is not at hand but will be sent for immediately and forwarded to him on its arrival if he cannot call for it the following evening.

Aug. 20. He calls and receives *Gratiola*<sup>200</sup>. A little later he reported the trouble had soon ceased, he stopped using the medicine the second or third day. Since this time he has not asked his wife if she is sure she has faith enough to make the little white pills and powders do curative work. The case also served to bring to notice a new and useful friend in the previously unknown remedy.

### Cuprum.

Nov. 10. Miss C. M., blond, 50 years came rather tentatively to make an experiment with Homœopathy after much persuasion of her friends; had always used old school medicines and had very strong doubts as to the possibility of receiving any benefits at all from "Pure Homœopathy." At first she reported a "cold" for which she received *Pulsatilla*. At the next visit she spoke of her "Asthma from indigestion" which she never expected to have cured but had relieved nicely with Ripans tabules which she always kept on hand. The following was gleaned with patient painstaking.

Indigestion—asthmatic attacks come

on with cough or tight breathing—a tension in chest as if she must unfasten everything to get her breath. Oppression on chest and pain between the shoulder blades. Occasionally quiet eructations > the pain, come on after meals—very suddenly, very frequent.

Mouth at times metallic taste, coppery, tongue white coated, cracked, tip sometimes feels cut, gums swollen, painful for a day or so—blisters on sides of tongue and inside of cheeks. Salivated several times; tartar forms on teeth quickly. Once had high fever with salivation; used mercury preparations for constipation frequently. First time throat and mouth so sore could hardly eat or drink.

Constipation common (has no idea of any better condition) three days without desire for stool unless takes pills—stools hard, dry.

Malaria "acute attacks" ten years ago (quinine); great weariness from overtaking in summer, made her feel sick. Had great fever; recalls no chill, prostration after.

Prostration from any sort of sickness, even a little cold; gains strength rapidly afterward.

"Inflammatory croup" as a child until sixteen years ago, throat closed with it. Smothered feeling > by cold water applications. Kept the cold water at hand on going to bed and applied it on waking with the smothered feeling. Throat once "burned out" when sore.

Childhood delicate, susceptible to heavy colds which settled in throat and chest—later years, in left ovary; frequently sick. Fainting spells before puberty.

Rheumatic twinges occasionally through limbs and hands last year in left wrist after it was severely

wrenched; back strained in the spring, more or less troublesome all summer.

Menstrual periods ceased last year. Always suffered terribly at these times; "left ovary inflamed." Used morphine, once when did not have it near by; had a spasm twelve years ago. At that time had ringing in ears which has never ceased. First period at fifteen years of age, second, one year later.

Flow profuse; hemorrhage one month for twenty-one days, usually five to six days. Returns after two weeks, at times, or from excitement or extra exertion.

Discharge bright red with black clots, acrid, offensive. Pain two or three days before—cramps through lower abdomen with blackness before eyes, faintness, nausea and vomiting. The pain wore her out, all symptoms > after pain ceased (morphine).

Burning through left side seemed to extend to the surface at close of the period.

Left ovary—burning, throbbing, < motion < lying on right side, restless; troublesome after every exertion or taking cold.

Nervous as a child, dreaded the dark. Afraid of thunder and lightning—always brings on urging to urinate.

Thirst in evening, no other time.

Appetite but little, eats slowly, apples lie heavy, fond of other fruits.

Lower jaw used to slip off the joint frequently, cracking when eating.

< cold weather, prefers warm; back always cold.

Respiration > open air, the chilly, breathing difficult in warm room.

Wakes frequently, conscious of difficult breathing and dry mouth.

Uterine neuralgia; "catarrh" from using sewing machine.

Heart "never forgets it;" beating fast at times, always hard; on ascending, as if it would fly out of the body; sharp stitching at times; distress < lying on left side.

With a long anamnesis including < cold air, evening, abuse of mercury, thirstlessness with dry mouth, tendency to take cold, < drafts, and many of the particulars, especially those relating to menstruation. *Lachesis* appeared superior to all other remedies and was given.

Nov. 13, *Lachesis*<sup>41000</sup>

Dec. 7. Reported much > generally, exposure to cold few days ago brought on the ovarian pain and rheumatic pain in back for which she used *cimicifuga* on a friend's recommendation.

Dyspnoea "asthmatic spell" sudden attack feeling as if breath went no further than to end of trachea.

Constriction comes on suddenly, spasmodically from laughing, walking in the wind or cold, from "eating certain foods;" wears off slowly.

Causes cough, short deep, expulsive cough, without expectoration or at times after a long hard spell a lump of mucus flies out.

Pain tickling, itching, later stinging through chest from front to back beneath sternum. More distress than pain.

Face-reddish purple and swollen, especially under eyes during the attack; swelling under eyes remains long after. Redness extends down neck and chest with severe spells.

After a spell exhausted, all tired out.

On attempting to realize just what was the condition here, it appeared surely a spasm of chest muscles from some irritation. The old trouble with menstruation similarly was spasms—cramps which became so severe as to extend over whole body in a convulsion when not checked. That sounds like *Cuprum*



*met.* and this muscular spasm corresponds to that. Consulting Hering's Guiding Symptoms seemed to strengthen the conviction and she received *Cuprum*<sup>44000</sup>

In the year and a half since the first dose of this remedy she has had a few repetitions—meanwhile the conditions have change. She has learned that "asthmatic dyspepsia" constipation, rheumatism are all amenable to treatment for they have all left and return only occasionally. Even the mental an-

guish during thunder storms is lessened though the nervousness of the body is evident in severe storms. This patient is so sure now of what Homœopathy may be expected to do that she not only recommends sufferers from all kinds of ailments to resort to it, but urges them to it with assurances of benefit. She has been convinced that it can do what old school treatment does not even pretend to do viz: **cure patients of their sickness.**

### BABIES WHO LIKE TO BE MOVED.

GEO. M. COOPER, M. D., H. M., PHILADELPHIA, PA.

Irritable, crying babies, quiet only when in motion, form a large proportion of the vast multitude of infantile sick. As physicians, we know with what great frequency we find the ailing baby being dandled on, the nurse's knee, or jolted over the mother's arm, in order to alleviate the little sufferer's cry. It is often the case that we are appealed to for medicine to quiet the little one at night and thereby allow the tired parents some respite from the ceaseless tread of the mid-night vigil.

Since such a great number of sick children are ameliorated by motion, it seems essential that we should carefully study and individualize the applicable remedies, they will be frequently called for and at a time when a study of the case from the materia medica might be impracticable.

Such remedies as *Arsenicum alb.*, *Chamomilla*, *Cina*, *Lycopodium*, *Pulsatilla* and *Sulphuric acid* present themselves to the mind, each suiting its own particular case and not inter-changeable with any of the others.

I will add a few of the most general features of these restless remedies that desired to be moved, but more extended

study is necessary for exact individualization.

**Arsenicum alb.** A *mental* restlessness that desires *fast* motion. Irritable, whining children who want you to hurry; who want hard motion; to be jolted up and down. As soon as the motion slows down or ceases, a picture of fear and mental anxiety spreads over the face.

**Chamomilla.** Over sensitive children full of pain, ameliorated by being carried. Impatient, irritable, snappish children; cannot be touched or approached and sometimes not *even* looked at, but comforted by being carried. Child requires the mother to walk it day and night.

**Cina.** Obstinate cross children, with big heads, sickly faces and canine appetite; striking and biting at those about; must be carried day and night; do not want to be approached or touched; desire many things which are refused when offered, and in many other ways show a sullen and unyielding disposition.

**Lycopodium.** Sensitive, irritable children, who desire to be carried. Peevish and cross on getting awake. Suits children with well-developed heads,

scrawny necks and sickly bodies.

**Pulsatilla.** Mild, bashful, but affectionate children, becoming peevish and changeable when sick. They desire *slow* and *gentle* motion, if in the open air all the better.

**Sulphuric acid.** Desire everything done in a hurry. Restless, weakly, sour smelling children, who do everything hurriedly. Subject to aphthous conditions.

Many more general and particular features of these and other remedies could be added, but it is not within the scope of this paper to enter deeply into symptomatology, however if future study along this line is stimulated, a use will have been performed.

An interesting case bearing on this subject is as follows:

June 10, 1901, 10:30 a. m. G. J., age 5 weeks, male. Has not been well since born. Mother during confinement under old school care.

Emaciating; anterior fontanelles sunk-en; skin drawn tense over skull, showing outlines of sutures.

Sore mouth; white flakes on lips and tongue.

Crying for several days; "the only way to please him is to give the breast."

Ameliorated when in motion; likes to be bounced up and down or held over the knee.

Had a spasm yesterday afternoon.

An old school doctor prescribed a preparation containing bromide of potash and opium.

Irritable, cross.

Diarrhoea, yellow.

*Chamomilla*<sup>200</sup>

8 p. m.

Still crying at top of voice.

Flatulent.

Jumps and starts from least noise.

Can hear milk roll in stomach and through bowels.

*Lycopodium*<sup>200</sup>

June 11, 11 a. m.

Terrific crying; nothing will quiet, only occasionally > by motion.

Thumbs in palms.

Chewing motion.

Draws limbs up.

Eyes roll on closing lids.

Stool green, yellow, curdled.

< nursing.

Seems hungry; mother thought the breast milk did not agree, so gave the baby cow's milk which it took greedily and seemed temporarily relieved thereby.

Avoided to feed cow's milk today.

*Sac. lac.*

June 11, 8 p. m.

Still crying and becoming very weak.

Slept twenty minutes twice today.

*Arsenicum alb*<sup>300</sup>

June 12, 5 p. m.

Cried until midnight last night, nothing would quiet; then went to sleep and slept until 5 a. m.; woke and nursed, slept again.

Has been asleep most of the day.

Bowels do not move after nursing at mother's breast.

Stool less green.

Soreness about anus.

Mouth better.

Sleep with eyes half open, balls rolled up.

Starts least noise.

*Sac. lac.*

June 13.

Crying more.

*Arsenicum alb*<sup>200</sup>

No more crying since; child fully recovered.

Undoubtedly *Arsenicum* was the similar remedy in this case from the very beginning, but how often do we err and how frequently do we transgress the rules given us by Hahnemann. *Chamomilla* and *Lycopodium* seemed indicated early in the case, but only superficially. It had been better to wait for further

developments before giving anything. The positive symptoms of *Arsenicum* would probably have developed earlier and relief would have been sooner. It is fortunate if our blunders do not

further involve the case in obscurity.

*Arsenicum* showed its curative action by causing sleep and delivering the sorely racked little frame from the tortures of a turbulent vital force.

### CHRONIC METRITIS—LILIUM TIG.

G. E. DIENST, M. D., NAPERVILLE, ILL.

PROF. CLINICAL MEDICINE, DUNHAM MEDICAL COLLEGE, CHICAGO.

The much vaunted theory of local treatment in diseases affecting the female genital organs, must find its "Waterloo" occasionally; for, no matter how much it palliates in acute stages it very, very often fails to cure. It is not my purpose, however, to discuss local measures in the treatment of diseases at this time, nor flay alive my fellow practitioners who may find some comfort in douches, pessaries and kindred measures. Cleanliness, internally, externally and eternally is something to which we offer no serious objections, but I would like to show that, where all these things, persisted in for years, failed to even give gratifying relief, the indicated remedy has, so far as we can see, *cured* the patient and her disease.

Miss B., 45 years of age, had been complaining for years, and though I saw her occasionally at church, had no acquaintance with her until the past winter. She had a very haggard appearance, and I was told that she was being treated by a specialist in the city of Chicago. She is medium height, inclined to be fleshy, very fair, blue eyes, mild disposition, and as I have since learned has attacks of despondency, especially when not feeling well. She frankly confessed that she often has "spells" of weeping which not infrequently last for two or three days.

In the early spring of this year she was taken with inflammatory rheumatism, and for a few days seemed as if she would not recover as soon as desired. She had had such attacks before

and always was confined to her bed for six weeks. *Bryonia*<sup>1000</sup> gave some relief except at night. *Mercurius*<sup>1000</sup> relieved the nocturnal aggravations and the perspiration, still she did not improve as I desired. After a more careful examination of her case I thought I discovered in her a typical *Pulsatilla* patient, and gave the medicine in the 200th, and to my surprise she began to improve so rapidly that in two weeks she was able to leave her bed. This gave me great prestige with her and her friends, and she spoke in terms of greatest praise about the "imported honey" as she called the little powders.

When able to be about again, her "female" troubles returned and she called at my office for local treatment. I tried to reason with her, after she had told her story of pain, suffering, work of specialists, the expenditure of much money etc., etc., but all in vain. But Doctor," she said, "I have been in the care of a specialist in the city for years, and he says I *must* have local treatment." Here she spoke of the different medications used, the statement of an oculist, (whose picture adorns our morning paper) who said she had liver trouble and gave her black pills until her bowels were so sore she could endure them no longer.

Well, this is a pretty picture. I examined her, found chronic inflammation of the cervix, possibly due to disease, possibly due to the effort of the physician to dilate the cervix. She complained of much bearing down pain

which was always relieved by a tampon or pessary, and the poor woman was led to believe that this temporary relief would result in a permanent cure. Indeed, the "treatments" always *cured* her for a time, but the trouble would return as soon as tampon or support was removed. When will the profession at large learn to differentiate between a *cure* and a *palliation* and cease to impress their patients with things hard to believe?

To hold my patient until the proper study of her case could be made, I saw I was doomed to employ local treatment. I did so, using the mildest applications possible outside of pure water. To gratify her I had to probe the uterus—just a little—but enough to make it appear that I was doing something painful. I had to deceive to undo a deception.

Thinking my patient a typical *Pulsatilla* one I gave her the remedy with no appreciable result. She was requested to call at my office twice a week. Apart from the symptoms given she complained of burning, stinging pain in the cervix and uterus, then would follow a sense of contraction or constriction of those parts which almost drove her wild. I searched my repertory for the indicated remedy and to my surprise *Pulsatilla* was not the remedy at all, but *Lilium tig.*, though the patient had all the appearance of a *Pulsatilla* individual. I had only two potencies of *Lilium tig.* and began with the 10<sup>m</sup> and old graft, the efficacy of which I could

not vouch for. This gave very little relief. I then gave her the next potency in my possession viz: the 30th and to my surprise she began to improve in spite of local treatment, which, please understand, had given only temporary relief.

This improvement so impressed her that she concluded to take advice and use neither local treatment nor wear a pessary. This was in May of this year. I continued the remedy at lengthened intervals, until the first week in July, and though she has done more work than usual—her own statement—has had occasion for much excitement which always aggravated her symptoms. She has not any more trouble, nor have the pains returned *in any form*.

While such results are not unusual to a true homœopath, we simply speak of them to prove again, what has been so often proven in the past, that the indicated remedy will not only relieve but *cure*, for when such results are attained and constant progress marks the case for three or more months, we have a right to use the word *cured* in every sense possible.

Then again, what the old school could not accomplish after years of protracted and painful efforts, and the expenditure of much money, the simple, mild *but* indicated remedy performs in the *shortest, surest* and most *permanent manner*.

It is enough to set any sane and unprejudiced mind to careful thinking.

## A CHRONIC CASE.

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Not in the action of new remedies, but in the corroboration of the well proved action of the old stand-bys lies the interest of this case.

In November, 1898, a case was put into my hands through correspondence. The patient was an infant ten months of age. Treatment was sought for the relief of habitual hoarse breathing during sleep which the father assured me had been present with the little patient since its earliest days of existence, and seemed to increase as the child grew older, so that the parents refrained from going home with it on account of the annoyance of its loud breathing, and their sensitiveness regarding it. Allopathic treatment had not benefitted it, but on the contrary the harsh doses given caused it to have convulsions, and some medical advisors affirmed that the child was afflicted with incurable heart trouble. It was destined, according to some physicians, to increase of the respiratory difficulty, eventually to have severe asthma, and then soon to succumb. As the first description of the case sent me was but meagre, *Placebo* powders to last a week were sent November 29, 1898 with an elaborate list of questions calculated to bring out a fuller description. This method was pursued for a period of several weeks and January 16, 1899, record reads:

C. S. T., male. One year of age. Light haired, blue eyed, quite fleshy. History of scrofula on both sides of family.

All the general symptoms worse when carried where there is any great noise or excitement.

Worse nights.

Anxious, restless, when in crowded places.

Afraid of strange men.

Moaning during sleep.

Laughs but seldom.

Irritable. Impatient.

Quick in all movements.

Not as affectionate as usual with children.

Very contrary when crossed.

Sensitive to weather changes.

Worse from any sudden change.

Head sweats much while asleep, especially at night.

Body emits disagreeable odor as of an old sore.

Restless at night.

Continually puts feet out of bed at night.

Deep sighing respiration during sleep.

Holds breath a long while when going to sleep.

Hoarse expiration during sleep as if breath came through much mucus in larynx.

Palpitation and intermittent action of heart during sleep.

Stools offensive like carrion.

Anus, and about the anus, sore, almost raw.

Dislikes to have stool, as if painful.

Eruption on back of hands, which itch. Scratches eruption much.

Raw places in flexures of joints.

Always lies with knees flexed.

Swelling of right foot on instep.

*Sulphur*<sup>cm</sup> three powders at intervals of three hours. *Placebo* for two weeks.

Feb. 2.

No change. *Placebo*.

Mar. 10.

Increase of inflamed area about anus.

Eruption all over nates and buttocks; itches much.

Stools very loose, bright yellow,

frequent mornings.

Stools not so offensive.

*Placebo.*

April and May no material change.

June 25.

*Calcarea carb.*<sup>cm</sup>

July 16, to Sept. 1.

*Placebo*, with less sweating of the head, disappearance of eruption on buttocks and much less rawness about anus.

Stools easier.

Offensive odor of body increased.

*Psorinum*<sup>50m</sup>

Oct. 10.

No change.

*Psorinum*<sup>cm</sup>

Nov. 20.

General symptoms unchanged.

Respiration as severe as ever.

Odor of body not so pronounced.

*Placebo.*

Jan. 5, 1900.

General condition unchanged.

Cries when it urinates. Very fractious.

*Lycopodium*<sup>cm</sup>

Mar. 7.

Disagreeable odor of body gone.

Stools not offensive.

Eruption of hive like spots on genitals, legs and back.

Not so fractious; more affectionate; not so irascible in temper.

Cries when urinating as before.

*Placebo.*

April 3.

Has caught a severe cold. Aggravation of hoarse respiration.

*Placebo.*

May 2.

Stools have changed.

No stools in day time, but several (three to six) from 4 a. m. to 7 a. m.

Does not mind now being in crowded places.

Weather changes do not affect the

child so severely as of yore.

Very restless at night.

Expiration during sleep very hoarse.

Deep snoring.

Moaning in sleep.

Wont be covered at night at all.

Soles of feet burning hot.

Frightened when put into bath tub.

Puts his hands to ears and cries as if in pain.

Fine miliary rash on most parts of body itching much.

Sour sweat of body.

Thirst at night for small drinks of water.

Does not learn to walk; seems too weak in limbs to walk.

Yellow spots like freckles on face and chest.

Excoriations on flexures of elbows and knees.

Eruption very thick again on nates and buttocks.

Heart action labored and intermittent.

Heart action increased after crawling on floor.

Holds breath very long time while asleep.

Cough, light, hacking, as from tickling in larynx.

Child, which can now talk fluently, complains of its head as of pain when coughing.

Epistaxis two or three times a week.

Upper lip dry and cracked in middle; lower lip swelled, puffy.

Teeth which came slowly are in good condition, but gums are swollen and sore.

Seems to be a little dizzy at times.

Staring look of eyes at times.

*Sulphur*<sup>50m</sup>

June 28.

Stools quite natural.

Eyes do not stare now.

Not so restless nights but holds breath same; respiration same.

Does not moan in sleep.  
 No normal thirst.  
 Sore has broken out in both ears.  
 Ears run thick excoriating pus.  
 Coughs much less.  
 No nose bleed now.  
 Limbs are strengthening and is learning to walk.  
 Eruption fading on whole body.  
 Does not cry so much when bathed.  
 Other symptoms about the same.

*Placebo.*

Aug. 1.

Learning to walk very well.  
 Not restless at night; growing very fleshy.  
 Becoming affectionate and loving.  
 Sores in ears nearly well.  
 Cough gone.  
 Eruption and excoriations about gone.  
 All symptoms better except the heart symptoms, hoarse respiration in sleep, and holding breath in sleep.

*Calcareo carb<sup>cm</sup>*

Oct. 2.

No further change.

*Psorinum<sup>30m</sup>*

Nov. 10.

No change.

*Sulphur<sup>cm</sup>*

Jan. 2, 1901.

Parents think the breathing during sleep not so bad.

*Sulphur<sup>30</sup>*

Jan. 20.

No appetite; occasional sour vomiting; otherwise same.

*Nux vomica<sup>30</sup>*

Feb. 10.

Eating again all right; no vomiting; otherwise about same.

*Placebo.*

Mar. 12.

Respiration not so hoarse at night.  
 Does not hold breath in sleep.

*Placebo.*

May 3.

Respiration improving.

July 3.

Improvement has been uninterrupted.

Now breathing and heart action are good.

Discharged cured.

#### Trachoma—A Case.

A patient presented herself early in '91, stating that his eye trouble (granulated lids) was first noticed three years previously. It began first as a slight scratching, followed by dull sight, which gradually grew worse, as though "a scum came over the eyes." The general condition was sometimes worse, but the patient could not give any facts regarding the aggravations or ameliorations. His work was almost entirely in the open air.

In the management of this case, his diet was first corrected, he lived largely upon nitrogenous food, drank considerable coffee, six cups a day, a very little water, smoked occasionally and chewed tobacco moderately.

The patient was allowed meat once a day, thus limiting nitrogen. His portion of all vegetables was largely increased to obtain the iron, the hypophosphates and nectulo albumin so necessary to proper nutrition. He was directed to take at least a quart of water a day, between meals, in divided doses. He was recommended to stop his tobacco, which he did.

A change for the better was immediately noticed, but he desired more prompt results, which was obtained by internal treatment, after the diet and the non-use of tobacco has cleared up many of the symptoms.

In the second month after instituting this treatment, *Psorinum<sup>300</sup>* was prescribed, one dose followed by *Sac. lac.* three times a day. The granulations have all disappeared, very little scar tissue remains, and he is able to go on with his work, without a single day's interruption.

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## THE HEART OF ASPARAGUS.

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This is a drug often thought of in cardiac diseases. The provings of Buchner and others given in the encyclopædia has some marked heart symptoms. The italicised one is "*Palpitation of the heart frequently occurred with oppression of the chest,*" under what circumstances it occurred, we read: "*Palpitation while sitting,* so that the leaves of the book which he held in his hand trembled. "Palpitation especially *after motion.*" Palpitation with anxious restlessness, *increased by motion and going up stairs.*" "Pulsation of the heart perceptible to the feel and hearing; also *upon moderate motion.*" This sort of palpitation is dependent not upon nervousness or a functional disturbance but upon the condition of the heart itself. The next symptom we note is "irregular, quickened, *two-fold stroke* of the heart." If a two-fold systole is meant then the two ventricles did not contract at the same time.

Whether the next symptom is a primary or secondary one we do not know but infer that it is the tire of an overworked heart. "Heart's beat scarcely can be felt." This will also explain the "slight sensation of twitching in the region of the heart after eating."

This may be a thoracic symptom for with rapid heart goes rapid respiration and mucular tire. We have also irritation of the respiratory tract; coryza, nasal catarrh, cough and difficult breathing. With this deficient oxidation goes indigestion and muscular tire of the extremities. The relief comes by the urinary tract for we read: "*frequent urinating,* with fine stitches in the orifice of the urethra." "Pain in the loins at the beginning of the sacrum (after two hours)"—early symptom, we see. The

early urinary symptom was (after an hour and a half) "urine turbid but subsequently became clear and formed a *white* flocky sediment." This was without doubt phosphatic showing nerve waste. We read further that "a fatty coating" was left on the vessel and after standing all night "a reddish deposit formed on the sides of the vessels" (like *Sepia*). The pulse was "slightly accelerated" also when "sitting." "Pulse small compressible." This tells of no sclerosis. The mental effects are, first, "serenity all the first day;" after that "a peculiar anxiety, with palpitation of the heart, and ill-humor."

The clinical confirmations of this drug are meagre. Hare (*Therapeutic Gazette*, Sept. '99) reports a case with marked œdema of the legs resulting from a double mitral lesion (doubtless insufficiency and stenosis) in which only 20 to 25 ounces of urine was passed in 24 hours. *Asparagus* in three days raised the quantity to 40 ounces, and it remained at 35 to 40 ounces, as long as the drug was continued. He likely used it in drachm doses as he did in a cases of dropsy from cirrhosis of the liver. It doubled the amount of urine. In this heart case with one ventricle so badly affected we would expect a double systole is looked upon as mitral. *Pulsus trigeminus*.

The "*irregular two-fold stroke,*" must be regarded as characteristic and guiding, if it is confirmed in practice.

**Ratanhia in hemorrhage.**—Dr. Howard (Dahlonga, Ga.) reports that for a dozen years he has used Rhatany in cases of internal hemorrhage, active and passive, with satisfactory results. A woman with passive renal hemorrhage was relieved in two or three days. "In obstinate nose bleed with ulceration of the nasal mucosa."—*Heinighe*.



## Medicine.

### THE VALUE OF SYMPTOMS.\*

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|                            |   |                    |   |               |
|----------------------------|---|--------------------|---|---------------|
| <b>Nature of Symptoms.</b> | { | <i>General.</i>    | { | First Grade.  |
|                            |   | <i>Common.</i>     |   | Second Grade. |
|                            |   | <i>Particular.</i> |   | Third Grade.  |
| <b>Grade of Symptoms.</b>  | { | <i>General.</i>    | { | First Grade.  |
|                            |   |                    |   | Second Grade. |
|                            |   |                    |   | Third Grade.  |
|                            | { | <i>Common.</i>     | { | First Grade.  |
|                            |   |                    |   | Second Grade. |
|                            |   |                    |   | Third Grade.  |
|                            | { | <i>Particular.</i> | { | First Grade.  |
|                            |   |                    |   | Second Grade. |
|                            |   |                    |   | Third Grade.  |

§ § 153. In this search for a homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of the known medicines, in order to find among them an artificial morbid agent to corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is *more particularly these, that very similar ones in the list of symptoms of the selected medicines must correspond to*, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms, loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand but little attention when of that vague and indefinite character, *if they cannot be more accurately described*, as symptoms of such a general nature are observed in almost every disease and from almost every drug.—(*Organon*).

The 153d paragraph of Hahnemann's *Organon* is the one that teaches more particularly how the process of individualization or discrimination in regard to symptoms shall be carried out. It treats of characteristics, it treats of grades. The homœopathic physician may think he has his case written out very well, but he does not know whether he has or not until he has mastered the idea of this paragraph. He may have page after page of symptoms, and not know

what the remedy is, and if he takes the record to a master the master will say: "You have no case!" "Why, I have plenty of symptoms." "But you have no case. You have left your case out; you have left the image of the sickness out, because you have *failed to get anything that characterizes it*. You have plenty of symptoms, but have not anything characteristic. You have not taken your case properly." Now, after you have mastered this paragraph you will know whether you have taken your case properly. Now, after you have mastered this paragraph you will know whether you have taken your case properly, you will know whether you have something to present to a master, a likeness of something. The lack of this knowledge is the cause of non-success with the majority of homœopathic physicians. There are a great many homœopathic physicians that prescribe and tinker a long time with their cases, and will ask you what a characteristic is, and what a peculiar symptom is, and if it is some one peculiar thing that guides to a remedy. The idea of the keynote comes to the mind of many.

\*Lecture delivered at the Post Graduate.

I do not mean that all or any part of what you have written is useless, but it is necessary to have *individualizing* characteristics to enable you to classify that which you have, to perceive the value of symptoms, and, if you must settle down to a few remedies, to ascertain which of these is more important than another, or most important of all. You cannot individualize unless you have that which characterizes. The things that characterize are things to make you hesitate, to make you meditate. Suppose that you have been acquainted with a large number of cases of measles, for instance, or a large number of cases of whooping cough, but along comes one of which you say to yourself: "That is strange; I never saw such a thing as that before in a case of whooping cough. It is peculiar." You hesitate, you meditate, and at once recognize it as something individual, because it is strange and rare and peculiar. You say, I do not know what remedy has that symptom. Then you commence to search your repertory, or consult those of more experience, and you find in your repertory, or upon consultation, that such a medicine has that thing as a strong feature, as a high grade symptom, and it is as peculiar in the remedy as in your patient, though you have never seen it before. You may have seen a hundred cases of measles without seeing that very thing. That peculiar thing that you see in measles relates to the patient and not the disease, and as the sole duty of the physician is to heal the sick that peculiar thing will open the whole case to the remedy. When you find that the remedy has that symptom, along with the other symptoms, you must attach some importance to it, and when there are two or three of these peculiar symptoms they form the characteristic features.

What would you think would consti-

tute a common symptom? We shall at once see that the common symptoms are those that appear in all the cases of measles, that you would expect to find in measles. It would be strange to have measles without any rash; that would be peculiar. We know that the *absence of rash* is a striking state of affairs and means trouble, and is peculiar. Either it is not measles, or the absence of the rash is a serious state. Suppose it is a fever. That patient has intense heat, an ordinary fever coming on in the afternoons and running through the night, with hot hands and feet, high temperature, dry tongue, etc. What would you say concerning the presence or absence of thirst? You would say it is common if he has thirst, because almost anybody who has fever would want water. Nothing is so natural to put fire out with as water, and the *absence of thirst in fever* is *strange*, is rare and uncommon, peculiar and striking. You would ask yourself at once, is it not strange that he does not have thirst with such a high temperature? You at once strike to the remedies that are thirstless. You would not think of hunting up a remedy that has thirst. The absence of the striking features of disease constitutes a peculiarity that relates to the patient. Well, then, that which is pathognomonic is common, because it is common in that disease, but an absence of the pathognomonic characterizes that peculiar disease in that patient, and therefore means the patient, and in proportion as you have that class of symptoms just in that proportion you have things that characterize the patient, and the specific remedy for the patient will be the simillimum. It is necessary to know sicknesses, not from pathology, not from physical diagnosis no matter how important these branches are, but by symptoms, the language of nature. A homœopathic prescription cannot be made on path-

ology, or morbid anatomy, because provings have never been pushed in that direction. Pathology gives us the results of disease, and not the language of nature appealing to the intelligent physician. Symptomatology is the true subject to know. No man, who is only conversant with morbid anatomy and pathognomonic symptoms, can make homœopathic prescriptions. In addition to diagnostic ability he must have a peculiar knowledge; that is, *he must be acquainted with the manner of expression of each and every disease.* He must know just how each disease expresses itself in language and appearance and sensations. He must know just how every remedy affects mankind in his memory and understanding and will, because there are no other things that the remedy can act upon as to his mind, and he must know how the remedy affects functions because there are no other ways in which the remedy affects the body of man. Now, if he knows how diseases express themselves in signs and symptoms, then he knows what constitutes an individual disease a little different from all others. It is the *peculiar* way that the same disease affects different patients that makes the symptoms strange, peculiar and rare. That which is pathognomonic in the remedy is that which you will study out most, because it is that which is related to the patient. Such is the state of mind that the homœopathic physicians must keep themselves in in order to begin this study, and when they have begun to think in this way they can then study the symptoms of the disease as to grade.

*The symptoms of the remedies must be studied especially with respect to order or grade.* To look upon them as all alike, because they appear to be all on the same level, is to be unable to make distinctions. One symptom with some physicians is as good as another. It is

a fact that symptoms, to a great extent, are upon a sliding scale. What is peculiar in one remedy is not in any degree peculiar in another. While it may be peculiar in a chronic case to have thirst, it is not so in a fever. That which is true in many respects in a chronic state may be the very opposite in an acute case. *The chronic miasms are the very opposite in their character and order to the acute miasms,* and this is a fact that the homœopathic physician must know. Suppose you had a striking case of inflammation of the parotid gland, and the patient says, "Do not press upon it, because it is very sore," how would you classify that, as common or strange? If you think but a moment, you will see that it would be a very strange thing for a highly inflamed gland not to be sore, and that soreness upon pressure is not something to be prescribed for, but something simply to be known, to be taken into the general view of the case, and the remedy indicated in the case would be suitable if it have inflammation and soreness of the gland; there is nothing striking in that; quite a group of remedies have produced hardness, soreness and tenderness of the gland; it may be one of those, or it may be one which has never produced these things, if it have the characterizing features of the patient. *The symptoms that cannot be explained are very often peculiar;* the things that can be accounted for are not so often peculiar; peculiar things are less known to man. For instance, a patient can sit only with his feet up on the desk, or with his feet elevated; he is a great sufferer, and because of this suffering he is compelled to put his feet up. The symptom hence will be written, worse from letting the feet hang down. "Well, what do you mean by that?" "Why, if I let my feet hang down, I find I bring the nates down upon the chair, and

there is a sore place there." Now that is quite a different thing. You may find if it is an old man that he has a large prostate gland, which is very painful at times and very sore, and when he lets the feet hang down the gland comes in contact with the chair. So we see that the real summing up of the case is that this enlarged and sore prostate gland is worse from pressure and all you have learned from that symptom is that the gland is sensitive to touch; which is a common symptom. There are instances, however, where by letting the feet hang down the patient is ameliorated; for instance, you take a periostitis and the pain is relieved by letting the limbs hang. No one can tell why that limb is better when hanging over the bed. *He lies across the bed with the foot hanging over the side*, and why it is that he cannot lie upon his back nobody can figure out. Now that condition is found in *Conium*, and you will not be astonished after you know that *Conium* has that symptom to find all the symptoms of your patient say *Conium*. All the rest of them, perhaps, are common.

Now, when you think along this line of science, it will not take you long to get in the habit of estimating among the symptoms that appear in a record the things that are *common*, the things that you would *expect*, and the things that are *strange*.

Again, we see that there are certain symptoms in the remedies that are general, and on the other hand the symptoms that are general must also be taken in account in order to examine any record. *All the things that are predicated of the patient himself are things that are general; all the things that are predicated of any given organ are things in particular.* So we see how there are things in general, and things common, and things particular; sometimes it may be a condition or state, sometimes it may be a

symptom. We have said that what the patient predicates of himself will generally appear to you to be at once something in general. When the patient says, "I am thirsty," as a matter of fact, although he feels that thirst in the mouth, yet it is his whole economy that craves that water. The things of which he says, "*I feel*," are to a great extent *generals*. The patient says, "I have so much burning," and if you examine him, you find that his head burns, that the skin burns, that there is burning in the anus, burning in the urine, and whatever region is affected burns. You find the word *burning* is a *general* feature that modifies all his sickness. If it were only in one *organ*, it would be a *particular*, but those things that relate to the whole of the man are things in general. Again, when the patient tells things of his affections, he gives us things that are most general. When he speaks of his *desires* and *aversions*, we have those things that relate so closely to the man himself that the changes in these things will be marked by changes in his very ultimates. When the man arrives at that state that he has an aversion to life, we see that that is a general symptom and that it permeates his economy; that symptom surrounds all the symptoms and is the very center of all his states and conditions. When he has a desire to commit suicide, which is the loss of the love of his life, we see that that is in his very innermost. Medicines affect man primarily by disturbing his affections. by disturbing his aversions and desires. The things that he loved to do are changed, and now he craves strange things. Or the remedy changes his ability to comprehend, and turns his life into a state of contention and disturbance; it disturbs his will and may bring upon him troublesome dreams which are really mental states. Dreams are so closely allied to the mental state

that he may well say, "I dreamed last night;" that is a general state. *The things that lie closest to man and his life, and his vital force, are the things that are strictly general*, and as they become less intimately related to man they become less and less general, until they become particular. The menstrual period gives us a general state. The woman says, "I menstruate," so and so; she does not attribute it to her ovaries or to her uterus; her state is, as a rule, different when she is menstruating. So the things that are predicated of self, of the ego, the things described as "I do so and so," "Dr., I feel so and so," "I have so much thirst," "I am so chilly in every change of the weather," "I suffocate in a warm room," etc., these are all generals. *The things that are general are the first in importance*. After these have been gathered, you may go on taking up each organ, and ascertaining what is true of each organ. Many times you will find that the modalities of each organ conform to the generals. Sometimes, however, there may be modalities of the organ, which are particular, that are opposed to the generals. Hence we find in remedies they appear to have in one subject one thing, and in another subject the very opposite of that thing. In one it will be a general, and in another it will be a particular.

Now, as it is very important for you to understand what is meant by general, common and particular symptoms, I will repeat somewhat. *The generals are sometimes made up of particulars*. If you examine any part, you are only examining the particulars. If you examine the liver symptoms alone you are examining particulars. If you are examining the eye symptoms, or the symptoms of any other region considered apart from the whole man, you are still examining particular symptoms. But after you have gathered the particulars

of every region of the body, and you see there are certain symptoms running through the particulars, those symptoms that run through the particulars have become generals as well as particulars. *Things that apply to all the organs may be predicated of the person himself*. Things that modify all the parts of the organism are those that relate to the general state. Anything that the individual predicates of himself is also a general. There are things that an individual might say of himself that might relate to only one organ, but of course that is only a particular. Most of the things that the man predicates of himself are general. Suppose you take the symptoms of sleep. You might at first think that they relate to the brain, but the brain does not sleep any more than the whole man. "I was wakeful last night;" he is predicating something of himself and hence it is a general. Or he says, "I dreamed;" well, it is true that the whole man really dreamed. You might say that the mind merely dreamed, but the mind is the man, and therefore we see how important sleep and dreams become in the anamnesis of a case. Scarcely more important is what the woman says of her menstruation, for menstruation so closely relates to the whole woman that it becomes most important. The special senses also are so closely related to the whole man that the smells that are grateful and the smells that are disagreeable become general. There are certain smells that relate more particularly to the nose itself, because the smell is in the nose and is due to some pathological condition of that organ, and thus these smells become mere particulars. The smell of food is agreeable when the man is hungry, and that will relate to the whole man, but one who has a vicious catarrh of the nose, with much local disturbance has many perversions of smell which

are particulars because they relate to the nose. Another patient says, "I see" so and so, without seeing; that relates to the generals. It is to a great extent a seeing with the understanding. When the eye itself becomes affected, the symptoms gathered are particular because they relate to the anatomy of the eye. *The more the symptoms relate to the anatomy of a part, the more external they are; the more they relate to the tissues, the more likely they are to be particular.* But the more they relate to internals that involve the whole man, the more they become general.

You will see, therefore, that the *things that relate to the man are to be singled out in the anamnesis and marked first.* Sometimes when you have figured the anamnesis of the generals, you have settled by your anamnesis upon three remedies. If there be but one remedy that has the numerous generals, and covers those generals absolutely, clearly and strongly, that will be the remedy that will cure the case. There may be a lot of particulars that may appear to contraindicate, but they cannot do so, for *nothing in particular can contraindicate generals.* One strong general overrules all the particulars you can gather up. Aggravation from heat will throw out *Arsenicum* from consideration in any case.

*It may be advisable to dwell again for a little upon common symptoms.* Sometimes we find in woman the common symptom, prolapsus. It is a common thing for women to say, "Doctor, I have such a dragging down in my bowels. I feel as if my insides were coming out." That is a common feature, and it is a common symptom. There is nothing about that alone that will enable you to find a remedy, but for these common symptoms we have a class of remedies. When you see a rubric containing a dozen, fifteen or twenty remedies, you may

know very frequently that it is a common symptom. We would say that all women who have prolapsus have to a great extent a dragging down feeling, as if the uterus would come out. If we were to take this symptom and follow it up, we would see that it works in various directions, we would see that it runs into generals and into particulars. How shall we decide when to give *Sepia*, when *Lilium tig.*, when *Murex*, when *Belladonna*, when *Pulsatilla*, when *Natrum mur.*, in such a case? To enable you to pick out of that group of remedies the one that will cure, you must study both the generals and the particulars of the patient, and the generals always first. If it be a *Nux vomica* patient, who has the prolapsus of the uterus, what will she say of herself that will make you see *Nux* in it? She would be chilly, full of coryza, with stuffing up of the nose in a warm room, she would be very irritable, snappish, want to kill somebody, want to throw her child in the fire, want to kill her husband, she would probably have constipation, and every pain that she had with it would make her want to go to stool, urging to stool, but only passing a little, and wanting to go frequently. You at once see that she has the generals of *Nux*, and whatever particulars she has, are in harmony with those generals, and so you go from generals to particulars. The whole problem, like any other scientific problem, must be gone into and followed from generals to particulars. Suppose that *Sepia* is indicated for that woman. You have in it as well this common symptom of prolapsus. Now what is there in this patient that no other patient has? The dragging down is just the same, but with it an awful all-gone, sinking feeling in the stomach, and she gets relief only when sitting with the legs crossed. She has a constant feeling of a lump in the rectum

that makes her want to go to stool, but she goes for days without any urging at all. She is sallow and sickly, talks of bilious symptoms, and has a yellow saddle over the nose. She tells you that she has an aversion to her children, and feels very sad because she does not love her husband as she ought to. She is unable to exercise the love she has for her children. Now you have that which she tells of herself in general and that which she tells of the stomach and rectum is particular and yet peculiar. You can see now that the dragging down sensation is not general, nor particular, but is common. Many of the symptoms that are of regions are both common and particular, particular because they are of regions and common, because they describe a state. Scarlet fever gives us another illustration of this. We would group all the striking symptoms indicative of scarlet fever, the rash, the appearance of the mucous membrane, the sore throat, the fever, the history, and the period of prodrome. The remedies for scarlet fever must have these symptoms in common with scarlet fever. The appearance of scarlet fever is among the common things of *Belladonna*. *Ailanthus* has in its common things the appearance of scarlet fever. *Apis* has the appearance of scarlet fever. *Rhus* has the appearance of rough scarlet fever. *Sulphur* and *Phosphorus* have a rash similar to scarlet fever. So if we were to make a rubric for the Repertory we would put the names of all these remedies in a common group, and call it scarlet fever. But when are you going to give one remedy, and when another? We can sometimes figure out from local manifestations, things in general. For instance, you take an *Aurum trip.* patient; that which appears to be most striking is that he *picks his nose and lips until they bleed*. If you examine that

state well you will understand that these parts and the fingers and toes tingle; about the extremities where the circulation is feeble and where the nerves are abundant, in the ends of the fingers and toes, there is an unusual tingling like the *creeping of ants* and he keeps picking at these parts. It is a state marking almost the whole economy. If you watch a little more closely you will see that a liquid oozes out of the parts he has picked, a bloody, watery oozing, and that it denudes the skin around. It becomes a part of general state. Then in scarlet fever with the rash only partly out we want to take the language of nature alone. I spoke of *Phosphorus*. *Phosphorus* has a typical scarlet fever rash. Suppose you have a case that is putrid, the rash has become very dusky, and the skin has become mottled and purplish, and there are places about the body that have a tendency to suppurate. You find there are swellings about the neck and swellings upon the hands and fingers that are inclined to suppurate, or there is an oozing round about them and pus is welling forth, and the case is so putrid and offensive that as soon as you enter the room you detect the horrible stench. If you examine into the case you will see that the child cannot get water enough, and cannot get it cold enough; the countenance is sunken and the eyes are puffed and swollen and red. Blotches are appearing of a septic character intermingled with the scarlet fever blotches. There you have a *Phosphorus* case and *Phosphorus* will stop the trouble immediately. Now what have you gathered together. You have gathered an evidence of the *general* state. You see running all through that case *putridity* and a *zymotic* state. You may have many cases of *malignant* scarlet fever and you will find that you can manage them with your remedies as you would an unruly horse with reins.

Now, as to the grades. The value of symptoms is divided into three grades. General symptoms are divided into three grades, first grade, second grade and third grade; and particular symptoms and common symptoms are divided into the same three grades. You will see in Bönninghausen a fourth grade, but as a matter of fact these remedies do not form a grade; they are only the probationary remedies, requiring demonstration by reproof and clinical confirmation. The general symptoms of the first grade are such generals as *all or the majority of powers state of themselves* as a class. For instance, take that symptom of *Apis*, "suffocation in a warm room." All, or nearly all, the provers of *Apis* were affected to a great extent in that way. All the provers of *Pulsatilla* were worse in a warm room. There can be no doubt about such a symptom, for all the provers feel that state so strongly. *Kali hyd.*, *Pulsatilla*, *Iodine*, and *Apis* are among those that have that symptom in the first grade, *worse in a warm room, suffocation in a warm room*. Now, when those symptoms have existed as generals among the provers, come into the experience of the practitioner and are confirmed by curing these states extensively wherever administered, for years, then those remedies are fully entitled to this grade. When only one prover has recorded a certain symptom, it is doubtful whether that is a symptom from the action of the remedy, but when several provers have recorded the same symptoms, it becomes confirmed. When that symptom has been removed or cured by the remedy in the hands of a physician, it can then be said to have been verified. So that symptoms are recorded, confirmed by reprovings and verified upon the sick. When several provers have observed that *Pulsatilla* causes aggravation in a warm room, and this is con-

firmed by other provers, and then verified by cure upon the sick, it places *Pulsatilla* in the first grade of that general state. Suppose it were something that was in relation to the bladder. *Pulsatilla* has a symptom of frequent urination. Now that is immediately classified as a particular symptom because it relates to a region. Now if all of these provers had irritable bladder when they took *Pulsatilla* that would be a confirmation of it, and if it cures for years, experience verifies it and it is then placed, as belonging to *Pulsatilla* under the particulars and marked in the highest grade. So with the symptoms of bearing down, which also comes under *Pulsatilla*. That would be classed as a common symptom, but of the first grade.

Now, suppose that there are some symptoms that have only been brought out by a few of the provers; they do not run through the whole family of provers, but they have been confirmed and occasionally verified, then you see it is entitled to so much consideration, and as a matter of degree it belongs to the second grade, because it is not so strong as the first grade, which produces these symptoms upon everybody or nearly everybody. Of course what is true of the generals will be true of common and particular. Then as to the third grade. Now and then a prover brings out a symptom and it has not yet been confirmed by reproof, but it stands out pretty strong, and seems to be worthy of a third place, or it has been verified by having cured sick people, or perhaps it is admitted as a clinical symptom. Sometimes close and careful observers have noticed that certain symptoms not in the proving have generally yielded to a certain remedy, and others have confirmed this clinical experience, these symptoms are admitted and go into the third grade. A great many of Bönninghausen's fourth grade symptoms really belong to the third grade, because Bönninghausen was very cautious with the symptoms that had never been veri-



fied. His fourth grade remedies include such as he had gathered from his clinical experience and he was doubtful about the propriety of placing them in the third grade, and also those symp-

toms that had occurred in the provers but had not proper confirmation or were not verified. He laid them as it were upon the shelf for approbation, to be hereafter proved or accepted.

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## THE EVOLUTION OF A HOMŒOPATH.

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Under the above title I will endeavor to give the "reason for the faith within me." As this is a matter of personal experience I must of necessity make more frequent use of the first personal pronoun than might appear compatible with due modesty.

In 1873 I received my degree from a homœopathic college and have ever since been engaged in the practise of medicine. Ostensibly during all these years I have been a homœopath, but really I did not begin the practise of homœopathy until after fifteen years of miserable bungling, hopes and fears, getting now and then a glimpse of the light, following for a little time the beautiful ray, and then relapsing into the old-time "go as you please," racing up and down the gamut of empiricism and seeing precious lives go out that might have been saved had I but caught the spirit of Hahnemann earlier in my professional life. This is not a pleasant thought; but like St. Paul, "I did it ignorantly." There never has been a moment of my professional life when I was not anxious to know the truth; and I am sure that all my readers are of that mind. We all want the truth, and if there be a law by which we may be guided in the selection of a *curative* agent in any and all *curative* cases, for the love of God and humanity let's lay aside all preconceived opinions and press into the light. That there is such a law, immutable and universal as the law of gravity, I know from the ten thousand experiences incident to many years of bedside and office practise.

That which proved a stumbling block to me is the thing that confronts many (if not all) of my readers: the *immateriality* of the dose. I remarked many times that I could not conscientiously trust the life of a seriously sick person upon anything less than material doses of medicine. And now I will proceed to relate as nearly as possible the series of circumstances and experiences which have made me all that is implied in the word "Homœopath."

I was not born with a gold spoon in my mouth, and when I graduated I was obliged to borrow five dollars to get out of town with. I hung out my shingle in a little town in the northwest corner of Ohio, and how I managed to keep soul and body together for the first few months I do not care to relate. But I know that I was so fearful that I would not do all possible for the few patients who came my way that I usually called for three glasses of water, medicated them with my homœopathic tinctures, and caused them to be given in half hourly or hourly alternation. I did this on the shot gun principle, "if one does not hit one of the others will." This utterly unscientific method reaped its legitimate fruit. I encountered failures much oftener than howling successes, bills for current expenses crowded me until I was many times tempted to throw my books, medicine cases and instruments into the Maumee River and become a cowboy, or anything else that promised a life of action. But Providence ruled otherwise.

One morning I sat in my little office, not a thing in sight so far as business was concerned, and I had an attack of

the blues of the darkest navy type. An old gentleman appeared at the door and inquired, "Is the doctor in?" I arose and proclaimed myself to be that gentleman. He looked a moment at my beardless face, towering figure of five feet six inches, one hundred and twenty pounds avoirdupois, and then he took on that exasperatingly quizzical look that all callow followers of Esculapius must encounter, and asked, "Ain't you a good deal of a boy to be a doctor?" I was obliged to plead guilty to the charge, but assured him so earnestly that I would outgrow it in time if allowed the opportunity that I believe he was more than half convinced; at any rate he took me with him to see a babe which had been given up to die by all the other physicians of the town. I found my patient to be the most unpromising specimen of humanity I had ever seen. It was a three months old babe, emaciated to the last possible degree, and I could see no possibility of getting any reputation out of this case. I did the best I could in the way of examination, called for the usual plurality of glasses of water and teaspoons, set the alternation machine into motion, made a very guarded and unpromising prognosis and left. Next morning I called and to my surprise found matters about statu quo. I had not expected to find him alive. For the first time it occurred to me that there might be a fighting chance for the babe. So I sat down by his crib and made the most careful study of his symptoms of which I was capable. The history of the case was this: He was the eighth of a family of as healthy children as could be found anywhere. No heredity was traceable on either side. He was a beautiful, plump boy until the sixth week of his life, when he began to scream with pain. This he continued to do until a doctor was called in. He diagnosed colic and treated it for that

trouble. But the babe continued to scream night and day when not under the influence of anodynes. One doctor after another had been called, and a counsel of several of them had at last been held, and they left the child to die within a few hours. They had never determined the diagnosis; or, at least, could not agree upon it. So I sat by the crib and studied the symptoms as I have said. Purely objective symptoms, as a matter of course, were all that I had to go upon, and there was but one of them that was in the least degree peculiar. It was this: He would kick and scream with all his puny might for a moment or two, then would suddenly fall asleep. In not longer than three minutes he would awake with a shock of pain, scream for a minute or two again, and would as instantaneously fall asleep. I watched this process for not less than an hour. "Pains come and go suddenly." Where these pains were located I could not discover, and I could not conjecture what their pathologic basis might be; but I did happen to know enough of homœopathic materia medica to recall the fact that the above symptom is found under but one drug prominently, and that drug is Belladonna. I called for but one glass of water this time, and opened my pocket case. I found my Belladonna 3x vial empty. By some good chance which I shall never understand I found in one of my vest pockets a bottle of Belladonna 200th dilution. Up to this time I had never prescribed so high a potency, and I only did so now because I had no lower with me, and I really did not expect to do anything that would be of material benefit to the child. So I placed a few drops of the water medicated with Belladonna 200th into the little sufferer's mouth, and told the mother to repeat the dose as often as it cried. That dose, gentlemen, did the business. It immediately

went to sleep, slept several hours and awoke—well! You may drop this article right now and pooh pooh the above circumstance aside as a coincidence if you will, gentlemen; but thousands of experiences tell me NO! It was all in accordance with one of the most beneficent of God's laws. The babe made a perfect and rapid recovery, and the fortunes of your humble servant mended wonderfully on the strength of that cure.

The marvelous demonstration of power in the potentized drug just related could not but give me a mighty impulse in the right direction. But one swallow does not make a summer. I did not meet so typical a case again for a considerable time, and I relapsed into my former slovenly habits of practise, now and then getting but a ray of the light which should have continuously been mine from the time of the above cure until now.

In 1877 I moved to California and practised in the mountains of Placer County for about twelve years. During that time I did well financially, but my experiences as a healer were not altogether satisfactory to myself. It required a great amount of nerve to look a two hundred pound miner in the face and hand him a one or two dram vial of tiny pellets for the cure of acute rheumatism or sciatica, etc. I need scarcely say that I dispensed plasters, liniments, polypharmacy, etc., wedging in a little homœopathy here and there. While I saw now and then demonstrations of the power of the potentized drug to heal, nothing remarkable occurred until I was called to attend a case of pneumonia.

The patient was a boy of ten, the upper lobe of the left lung being the seat of the attack. I treated him as usual, alternating two or three homœopathic remedies. After about nine days I pronounced him convalescent and did not see him again for a week or more. I

found him not picking up as he should have done. His appetite was good, but a little food caused a sense of repletion which prevented him eating more than an occasional morsel. At four o'clock p. m. would ensue high fever, lasting until eight p. m. During that time he would expectorate half a teacupful of pure pus. At eight o'clock the fever would subside, followed by a profuse perspiration. Physical examination revealed an abscess in upper lobe of left lung. Another symptom which I should have mentioned was that he passed urine with difficulty, cried with pain during its voidance, and it was heavily loaded with brick dust sediment.

Allow me to remark parenthetically that a homœopathic prescription should have not less than three prominent, peculiar and persistent symptoms to rest upon, like the legs of a stool. And it is not necessary to add that we cannot always get them, as in the case I first related. But in this last instance a noble trio is present. They are:

1—Sense of repletion from eating but a morsel of food.

2—Regular exacerbation of symptoms at four o'clock p. m., abating at eight o'clock p. m.

3—The urinary system as above related.

There was other concomitants, such as constipation, borborygmus, etc., all found under the remedy, *Lycopodium clavatum*. The way was so plain in this case that the wayfaring man though a fool did not need to err, and I recognized the drug indicated. I gave it to him in the sixth potency, a powder every three hours. The indications were so unmistakable that I really anticipated instantaneous relief. But after two days upon the above prescription I could notice no marked change, certainly nothing for the better. The symptoms remained the same. I stuck to

my drug, but I saw that I must go higher. I had nothing higher than the 6x, and no chance of getting it from the pharmacy in less than two days. So I sat down and ran it up to the 15x, decimal scale. You will never know, friends, what the test of faith is until you have taken a drop of mother tincture, or a grain of crude substance, and run it up the centesimal scale to the thirtieth potency. I administered the fifteenth potency of *Lycopodium* to my little patient without a scintillation of faith. It had oozed out at my finger tips during the process of potentiation, but I administered it because I did not know what better to do. Saw him next day and there was marked improvement. All the symptoms were present, but lessened in degree. To make a long story short, the boy went on rapidly to complete recovery.

As a matter of course this gave me another mighty impulse in the right direction, and I could not but recognize the fact that there was a law of cure, beautiful and inerrant as any other of Nature's laws. We are all aware that *Lycopodium* in the crude is a comparatively innocuous substance, and probably the only experience most of you have had with it is limited to dusting it into the flexures of babes suffering with intertrigo. Why what we call potentiation should liberate so mighty a curative principle as is found in potentiated *Lycopodium*, and thousands of other inert substances, is something beyond the realm of reason, and we are obliged to accept demonstrable truth, whether we can understand the *modus operandi* or not.

Again I buckled into homoeopathic materia medica, determined to be a homoeopath, in deed as well as in name. I used my repertories and studied my cases as closely as possible, now and then making center shots that elevated

me to the clouds. But because I could not all the time apply the law and get ideal results, I began to fall off in my enthusiasm and soon was in the old ruts of alternation and polypharmacy. And so I went on at this living and dying rate, dissatisfied with my art, my heart aching for patients that I knew were curable if I could but find their remedy, until the year of 1888. It was about midnight in the month of February that I was summoned to the bedside of a lady, fifty years of age, large and fleshy. She had been an invalid for many years. She had been given drugs galore, and the stomach had become utterly intolerant of any further drugging. Her medical attendant had said that she could live but a few hours at longest. I was convinced that his prognosis was not far from the truth. Her condition was as follows:

1. She was sitting bolt upright in the center of the bed. She could not lie back in the least degree on account of extreme dyspnoea. Nor could she lean forward at all, because of enormous gaseous distension of the bowels and stomach.

2. Heart beating like a trip hammer, so that it perceptibly jarred the bed. Spitting great quantities of frothy blood.

3. Enormous eructations of gas, aggravated by the least morsel of food or drink. These eructations gave no relief to the sense of fullness and pressure.

4. Her clothing and even the bed-clothes were drenched with a colliquative sweat that was cold as death.

5. Extreme thirst for cold water, taking frequent small sips.

There were other symptoms that I cannot stop to detail. Neither was there time for an extended examination. She was supposed to be dying and what I did must be done quickly. I took in the above data, called for two glasses of water and alternated *Nux vomica* 3x

and *Arsenicum album* 3x every five minutes. Getting no relief from these after a thorough trial I floundered about among a number of other drugs for a couple of hours. Not a symptom of change for the better. I was up against it. It really seemed to me that I was commanded to stand still and see the glory of God. And thus I stood for a number of minutes, hands in my breeches pockets, powerless. All at once, like a flash of lightning, I saw the remedy. I seized my hat, called for a lantern and umbrella, and started for my office on a run. I snatched Hering's condensed materia medica from the shelf, and turning to *Cinchona officinalis*, I found the case perfectly covered by that remedy. I immediately returned to my patient with a vial of the thirtieth of the drug just mentioned. No change had occurred during my few minutes absence, and I hastened to place a single minim of *Cinchona officinalis* 30x upon her tongue. That was not much of a thing to do, was it? But the result! I would to God that every physician upon earth could have seen it. About three minutes after taking that most potent drop, she threw her hands above her head and cried out, "My God! what have you given me?" fell back upon her pillow and immediately began to snore. Of course, everybody in the room was alarmed and sprang forward to help her to a sitting posture. But I stopped them, commanded them all to leave the room but the nurse, assuring them that the storm was over, everything was all right, and she would recover if not awakened from this sleep. She slept several hours, and in two weeks was walking in her garden. Not many months later she died from organic lesions of the heart.

Such miraculous demonstrations of medicinal power are not common in the practise of the best prescribers; but they

do occur with sufficient frequency in the experience of him who is working by the law to keep him in a state of expectancy, and we are very likely to find that for which we seek. There are many reasons why we cannot always attain to all that is desirable in the line of cure; but I stoutly maintain that the man who recognizes the existence of a law of cure and is governed in his prescribing thereby, will be rewarded with a uniformity of success that he never knew before, and will see results that are absolutely impossible under any other method. This assertion I can substantiate by any reasonable amount of evidence, and if this too lengthy paper be received in the spirit in which it is written, I shall be only too glad to do all I can to convince my brethren of any and all schools that God has given His children a law of cure for the ills of the body. This is the burden of my cry. I do not care a rap of the gavel for the name, Homœopathy. Neither do I contend for high potency. If a man hew close to the line, prescribe the drug indicated by the symptoms, or the one capable of causing the symptoms found in a given case, he will learn very soon to dread said drug in the crude, and will be only too glad to climb the potency ladder.

So in this discussion I would be glad if we could drop the name of my own or any other school, and let us stick to the text: Is there a law of cure? I will close by stating, that since the bedside experience last related I have never doubted for a moment that there is a beautiful law of cure, and I endeavor to apply it in all cases coming into my hands. The past thirteen years of my professional life have been infinitely more satisfactory than those preceding them. I am not only willing but very anxious to help anyone into a knowledge of this truth; for I really think that the millenium in medicine will have dawned when the medical world shall have recognized the fact that there is a law of cure.

## DIFFERENTIAL DIAGNOSIS BETWEEN NERVE DISEASES.

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*(Continued.)*

Two or three years ago a man was found unconscious in the street, and taken to a large hospital, where he was "booked" as "drunk."

The next day he died, and a post mortem examination revealed a severe and extensive brain lesion.

It seems incredible, but it is true that not a few equally erroneous and fatal diagnosis are made in every large city.

That the pathological conditions were such as to render it necessarily fatal is no excuse for leaving him without proper attention and some kind of human treatment.

Let us study briefly a few of the conditions that may cause sudden loss of consciousness, and the means of distinguishing one from the others.

This will include **alcoholism, cerebral embolism, cerebral hemorrhage, epilepsy, syncope, traumatism, sun stroke, (so called) uræmic coma, opium poisoning, hysteria, etc.**

Certainly no one would ever think of applying the same principles of treatment in a case of cerebral hemorrhage that he would in alcoholism, uræmia or syncope.

But how distinguish? We cannot wait to study up the case and mistaken treatment may be fatal. It is the duty of the physician to determine the nature of the case.

If the breath does not smell of alcohol we can exclude drunkenness at once; but the fact that the breath betrays the presence of alcohol is not alone sufficient to justify a diagnosis of alcoholism; because he may have taken a drink and been immediately attacked by some of the other conditions. Especially is this true of cerebral hemorrhage or some

form of traumatism. We must not forget the effect of alcoholism on the cerebral vessels in making up our case; nor the liability of those who drink to be involved in fights, or be the victims of the sand bag. So we must make minute examinations for external evidence of traumatism.

Failing to discover any, we may exclude that factor, knowing that in 80 or 90 per cent. of cases of embolism, the floating particle is detached from diseased cardiac valves, we should now examine the heart. If we find evidence of valvular lesions, we are justified in a diagnosis of embolism, otherwise it may be excluded. If we are still in doubt, we must wait for a few hours until the possible effects of alcohol will have time to pass off. If consciousness begins to return, and there is no motor paralysis, we may exclude the more serious lesion. But, if on the return of consciousness, there is hemiplegia manifest, we are justified in pronouncing it either cerebral hemorrhage, or cerebral embolism. If the patient be past middle life and there is no heart lesion it is most likely hemorrhage, especially if the hemiplegia is left sided, and speech has not been involved, since for anatomical reasons emboli nearly always lodge in the left middle cerebral artery, thus involving the special centre and causing right hemiplegia.

But cerebral hemorrhage may also be located in the left side, and cause right hemiplegia. But since the general principles of treatment are the same in both, we may safely await developments before making an absolute diagnosis. If after a few hours (48 to 72) the hemiplegia shows marked improvement, and

power of speech returns, it is evidence in favor of embolism.

If, however, the symptoms all pass off in a short time, leaving the patient sleepy or stupid, it is probably epileptic in nature, especially if the tongue shows signs of having been bitten, or there is bloody froth from the mouth.

Or if the attack is of short duration, the heart's action very weak, and the face pale and bathed in cold sweat, it is probably syncope, and his head should be kept low, plenty of air space allowed and means used to increase the strength of the heart's action. This is diametrically opposite to the treatment during the attack of embolism or cerebral hemorrhage, in both of which the head should be elevated slightly. In hemorrhage the action of the heart should be reduced, and all means applied to reduce the blood-pressure in the cerebral vessels. A word of caution in cases of emboli; remember we have a crippled heart with which to deal in most cases. Therefore, beware of causing trouble by interfering with its action in any way.

If there is no evidence of paralysis, and prolonged coma remains, it may be uræmic in nature. Therefore we should never fail to test the urine for albumen and tube-casts as soon as possible. Their presence will decide the diagnosis in favor of uræmia, which will be strengthened by a waxy appearance of the skin, and possibly dropsical swelling of the limbs.

If the weather is such as to cause insolation, or the patient has been in an over-heated atmosphere, we must consider that, especially so, when we realize the increased liability of those who indulge in alcoholic beverages to this accident.

It may be distinguished from all the other conditions under discussion by the heat and dryness of the skin. It differs from cerebral hemorrhage in the rapid,

full, bounding pulse, while the pulse is slow in the latter disease. In cerebral hemorrhage the breathing is slow, irregular and stertorous, while in sun-stroke, it is rapid and stertorous. The pupils, in insolation are frequently contracted and equal on both sides, while in cerebral hemorrhage they are usually irregular, one being smaller than the other, and insolation is not followed, immediately by hemiplegia or motor paralysis.

In short, sun-stroke, (so-called) shows more similarity to a severe cerebral congestion, and the treatment will differ in no essential from that for the latter; the objective point in the treatment being to promote perspiration and lower the heart's action to relieve the engorged cerebral vessels.

Nothing contributes more toward this end than a warm bath.

But our patient may not be suffering from any of the above lesions. It may be opium poisoning. This may be diagnosed from all the others by the regular and extreme contraction of the pupils, together with the stertorous breathing. Motor paralysis is not present in opium poisoning. The breathing and pulse might lead us to think of some form of cerebral compression, but the contracted pupils and cold sweat will prevent mistakes.

Again it may not be any of the above, but simple hysteria.

Yes, men have hysteria. But the normal reflexes, unchanged pupils, and regular and irregularity of the symptoms, together with the desire for sympathy and the aggravation from sympathy and the absolute lack of type, in the symptoms will prevent mistakes.

The most typical symptom of hysteria is its lack of type, and the most regular is its irregularity. They are often found "just fainting dead away" with a flushed face, and a brain full of blood, or "it is impossible to breathe," when they are breathing with sufficient freedom to talk about it with ease.

## Editorial.

### VALUE OF SYMPTOMS.

If every reader of the *ADVOCATE* would carefully *study* the article appearing under the above title he would gain an insight into the philosophy of Homœopathy that would abundantly repay him for the extra effect made. To aid in this study important ideas have been italicized so as to arrest the attention and secure a more thorough reading.

This constitutes one of the most difficult factors in the analysis of the record after the "case has been taken" and accounts for many of the failures following careful, conscientious efforts on the part of the physician. Current literature absolutely ignores the subject and we are compelled to go back to the teachings of the Master for our instruction. Even here the student must read and re-read until he shall have caught the *spirit* of the author before he can properly interpret the meaning.

There is nothing new or startling in this exposition of § 153 of the *Organon*. No one will question the truth of the interpretation but where will you find the idea of the *relative* value of the *general*,

*common* and *particular* symptoms so clearly expressed?

This section is a sort of summing up of all that has gone before. It infers that "the physician clearly perceives what is to be *cured*" and has a knowledge of the *curative* powers in the medicines at his disposal, also "knows how to adapt according to clearly defined principles, what is *curative* in medicine to what he has discovered to be undoubtedly morbid in the patient, so that recovery *must* ensue."

It gives positive evidence that Homœopathy requires most exact knowledge of pathological changes, because upon this knowledge depends the power of differentiating between the *common* and the *peculiar* expression of disease manifestations. We are forcibly reminded that we are treating the patient and not some imaginary entity foreign to and independent of the body.

A careful reading of this article will remove all question with reference to the importance of securing the *right* "totality" in selecting the *simillimum*.

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#### ADAM MILLER, M. D., PH. D.

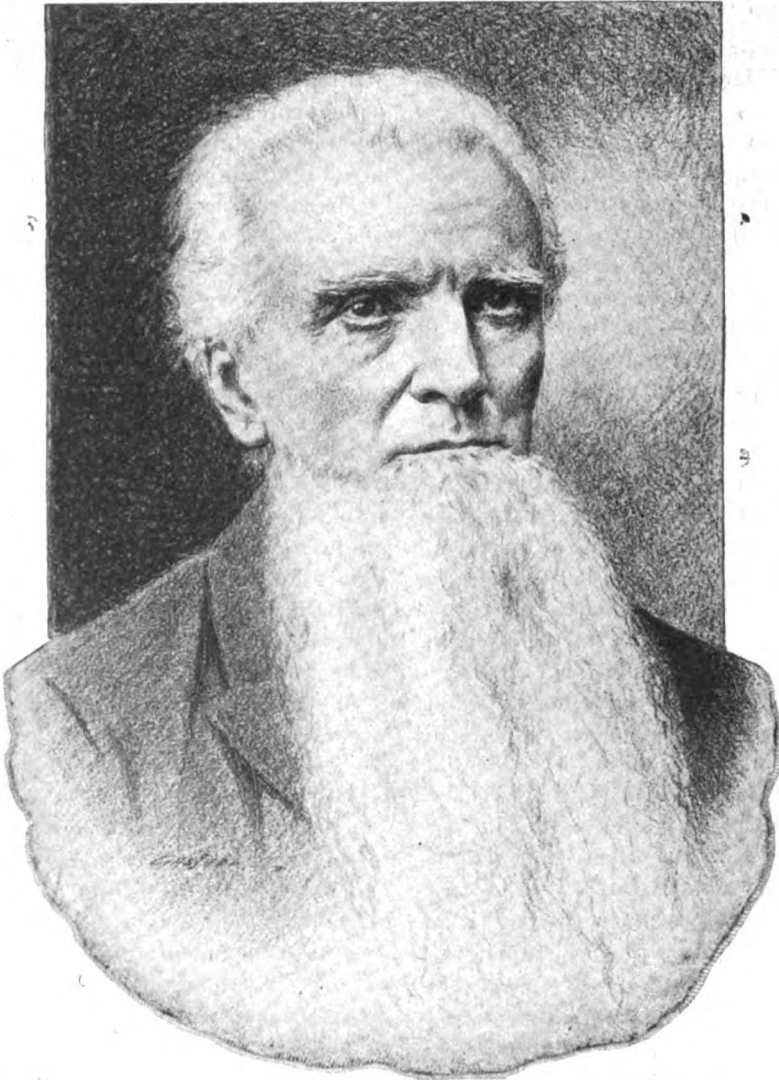
Chicago lost her oldest Homœopathic physician, who died July 29, in his 92d year. Dr. Miller was born in Maryland, Jan. 27, 1810. His parents removed to Ohio, where he grew to manhood. Like many other Homœopathic physicians he was for years a minister, and belonged to the Ohio Methodist Conference. He was a tall athletic man with a powerful voice which he did not spare in his earnest work. While in Baltimore in the German Mission work his vocal cords began to fail and

residing near the medical college he attended there, thinking to be more useful as a physician also. His work took him to New York and while there graduated from the medical department of the University of New York in 1847. He began to practice the regular system, but having lost two children with cholera infantum he was induced to call a Homœopathic physician when the third child was rapidly going the same way. Dr. Palmer saved this child and converted the young physician to



the new system. His success was so remarkable that he gave his life to spreading the new faith. He removed to Cincinnati where he soon had a large practice and learned the new method of selecting remedies more perfectly

doctor could "cure cholera." He soon had all he could do and he made many remarkable cures even in cases in the third stage with Homœopathic remedies. This made Homœopathy popular in all that section. Well-to-do he



from Drs. Pulte and Erdmann, who induced him to go to Quincy, Ill. On the way there on the steamer, cholera broke out and Dr. Miller saved these cases. Cholera was raging in Quincy and the report got out that the new

returned to Springfield where he was the family physician of the old war governor Richard Yates.

One night they despaired of the life of "little Dick" and Dr. Miller spent the night at the executive mansion and,

thank the Lord, saved the life of the present Governor.

In 1862 Dr. Miller came to Chicago and enjoyed a large practice for many years. In 1888 he went to Denver, where he sojourned some years, but returned to Chicago again and purchased 172 Ashland ave., where he resided with a daughter.

Dr. Miller had some rich experiences in medicine. He found that Gumi Guti saved many cases of severe dropsy in children who had had scarlet fever. He removed many excrescences from the face and other parts of the body that were called cancer by Eau regale. He was a very successful physician.

While in Denver, in the clear air of Colorado, he turned more of his attention to the sciences, particularly astronomy. He proved to his own satisfaction that atmospheric heat is concentrated sunlight. To prove it he made a lens out of ice and the rays of light passing through it were concentrated and acted as a burning glass. Our atmosphere, he thought, acted like a lens and concentrated the rays of light, and the direction of the rays accounts for the variations in the heat of winter and summer. From the experiments with electricity, as by friction upon the pieces of paper, he proved that there was an attraction and repulsion. This attraction he believed, explained Newton's theory of gravitation. The sun and earth were electric dynamos and attracted some bodies and repelled others. The sun attracts a comet and sends it off again. The sun, he continued, was a great electric light. He objected to the term "conservation of energies" and the idea of the evolution theory. He thoroughly believed in the divine order of things.

Dr. Miller was the author of several

valuable works. His first was a "History of the German Methodist Missions," (1843). He wrote "Life in other Worlds;" Plain Talks to the Sick;" "Mental Gymnastics and Physical;" "Hammer and Nail." These earned him the degree of Ph. D. "Mind, Matter and Motion, with directions for good Health in old age," etc. The latter was written when he was "87 years young" as he expressed it. His mental activity, good heart and bouyancy of spirit had much to do in prolonging his life.

He entered heartily into the purposes of "The old Guard," a society composed of physicians of Chicago and vicinity who have been in practice and graduates in medicine for 30 years. He presided at the second annual meeting. When the last one came around he was recovering from an attack of abscess of the prostate, which remedies cured, but the hot weather prostrated him and he longed to go. He gradually failed and died, surrounded by his family, consisting of three children, nine grand children and eight great grand children. He leaves a widow in her 93d year.

The funeral held in Centenary M. E. Church, was conducted by Bishop Merrill, assisted by presiding elders, Drs. Caldwell, Mandeville, Jackson, Mulfinger, and Rev. Mr. Chase, pastor. Among the pall bearers were Ex-Mayors Swift and Bond, and a delegation from "The old Guard," who make it a rule to be present at the funeral of any of our physicians. The funeral was attended by many friends and physicians of all schools.

The writer was a student in old Dr. Miller's office in 1864, and learned to esteem very highly this grand old man.

T. C. D.

EDITOR'S TABLE.

In London 100 persons die of hunger annually.

Since January 1st of this year marriage of first cousins in Pennsylvania is illegal.

An automobile road test between New York City and Buffalo will commence Sept. 9.

Dr. C. E. Walton, of Cincinnati has moved from Seven and John sts., to 716 John street.

Dr. Thos. McConkey, formerly of San Diego, Cal., is now located at 406 Sutter st., San Francisco.

Money may purchase a seat in the U. S. Senate, but it will not put brains into the head of the purchaser.

It is stated that the baby incubator saves the lives of 85 per cent of prematurely or weakly born live under ordinary methods employed.

The English House of Lords has passed a bill providing that habitual drunkenness shall be classed as persistent cruelty and entitle a wife to divorce.

Dr. Overand G. Rose, for the past two years a resident of Pondtail Villa, Fleet, Hauts, England, has returned to the Pacific coast and will locate in San Francisco.

While attending the Pan-American Exposition, Dr. Charles B. Pinkham was notified of the death of his father, Dr. C. E. Pinkham, which necessitated the cutting short of his visit.

Not a single homœopathic physician is allowed to practice in Pennsylvania insane asylums. The Homœopathic State Medical Society have recently so urgently expressed themselves regarding the unfairness of this condition of affairs that an appropriation of \$200,000 for a building will likely be secured.

Dr. S. B. McFarland, located at Fairplay, Colo., has been appointed county physician of his county, also health officer.

Sales of American manufacturers of agricultural implements to Russia will this year amount to nearly \$10,000,000. American machinery having supplanted all others.

Kansas this year produced 100,000,000 bushels of wheat, of which Sumner county is credited with 5,000,000. The farmers in that county are worth on an average, \$9,540 each.

Hong Kong daily records forty-five deaths as result of the plague, with fifty new cases each twenty-four hours. A higher percentage of Europeans succumb to the disease than has ever before been noted.

Ernest LeRoy Biggs, M. D., Dunham, 1901, has been granted license to practice as a physician in California by the State of Board of Examiners. Ella A. Sutton of Forrest, Ill., also a Dunham, 1901, graduate, was accorded the same courtesy.

A splendid location for a Homœopathic physician, information of which can be obtained by addressing lock box 244 Uhrichsville, Ohio, or by addressing Dr. Thomas M. Stewart, Secretary of Pulte Medical College, 704 Elm st., Cincinnati, Ohio.

Dr. Tanner, the faster, has challenged the Denver brewers to a fasting contest. Six men are to drink beer only and Tanner will subsist on water only, the object being to decide which substance will sustain life the longest with the fewest bad results. Dr. Tanner will be handicapped by his sixty-eight years. The brewers have accepted the terms of the contest.

Mrs. Nancy Hollifield of Battle Creek, Mich., is supposed to be the oldest living person in the United States, her age being 117.

According to statistics compiled by life insurance companies, the average duration of human life has increased notably during the past 100 years.

The Homœopathic Medical School of Calcutta, India, is the only school of homœopathy in the British Empire that has the legal right to confer a license to practice.

Eighty nine failures among the 407 Pennsylvania candidates for certificates to practice medicine occurred at the July examinations. Twelve of these "failures" were graduates of the University of Pennsylvania.

It is estimated that gifts to American colleges and universities for the month of June, the commencement season, amount to \$15,000,000. Washington University at St. Louis heads the list, receiving \$5,000,000.

There are about 200 species of mosquitoes. Each female lays about 200 eggs at a time, which are hatched and ready for business in from three to ten days, according to the temperature and other conditions. In two experiments, a batch of 17,000 mosquitoes were born in one rain barrel; two weeks later, 19-100 more were hatched from the same barrel.

The number of farms in the United States increased from 4,564,641 to over 5,700,000 in the past decade. This increase of over a million is accounted for by the opening to settlement of government lands and to the subdivision of large ranches into small holdings. The conclusion to be drawn from this seems to be that concentration, in agricultural, does not, as in some other industries, cheapen the product.

Christian Scientists attempt to cure smallpox by the same methods they would employ in bubonic plague, leprosy, scarlet fever, diphtheria or a simple cold.

Among the arrivals on the the transport Meade, bringing from Manila to San Francisco the Eighth Battery of Field Artillery, there were 40 insane and 25 tuberculosis patients.

The fire of July 16th in Pulte Medical College of Cincinnati, was due to crossed electric light wires in one of the laboratories. The damage done was covered by insurance. Instruments and equipment will be completed in ample time for the opening of Pulte on Oct. 2.

Infinite toil would not enable you to sweep away a mist; but by ascending a little you may often look over it altogether. So it is with our moral improvement; we wrestle fiercely with a vicious habit, which would have no hold upon us if we ascended in a higher moral atmosphere.—*Exc.*

A Harvard professor makes the following distinction between German and American girls: "The average German girl thinks she will marry any one who will not make her unhappy; the ideal German girl thinks that she will marry only the man who will certainly make her happy. The ideal American girl thinks that she will marry only the man without whom she will be unhappy."

Havana, as the result of systematic sanitation, is now one of the healthiest of large cities. June of this year passed without a single case of yellow fever, being the first June since 1761 that has been free from the disease. The chief sanitary officer of that city has recommended that New York and New Orleans be quarantined against to prevent small pox, no case of which has been reported since July, 1900.

In large European centers of population, eggs are sold according to size. Machines are used in various places by which all "bad" ones are detected and thrown out, and the good ones almost automatically graded according to size.

In summing up the qualities that have made Booker T. Washington famous in the best sense of the word, Prof. Harry Thurston Peck says, "He is not an orator; he is not a writer; he is not a thinker. He is something more than these. He is the man who comes at the psychological moment and does the thing which is waiting to be done, and which no one else has yet accomplished."

The Detroit Homœopathic College, which for the past two years has been located at Sixteenth st. and Willis ave. east, but hereafter will be situated at Lafayette ave. and Third st., near the center of the city, the trustees, July 20, purchasing 100x130 feet there. There is now a three story building on the property. An addition to cost \$30,000 will be built at once, to be used as a free dispensary and a temporary emergency hospital in connection with Grace hospital. Dean D. A. MacLachlan and his colaborers are to be congratulated.

Why is Tammany successful? Because the organization "helps" its members. The leaders give annual dinners to the poor of their districts; assist in getting their brethren out of trouble; if a widow or unprotected woman is about to be dispossessed, her case is attended to; "jobs" are distributed; entertainments to help struggling churches are held, and in hundreds of other ways the faithful are made to feel that it is good to be a follower of Tammany. What Tammany does can be seen, and is therefore more effective than the manifestoes or promises issued and promulgated by its opponents.

The uses to which electricity is put are increasing. A Pennsylvania railroad company that operates coal mines recently surrounded its non-union workmen with a 7-wire fence, then charged the wires heavily with electricity.

According to Prof. J. W. Jenks of Cornell University trusts are placing their products on the market more cheaply than did the individual manufacturer. But the country, as a whole, gets no benefit of this lessened cost of productions—the benefit, so far, has accrued only to the trust shareholders.

It is estimated that there are 1,600 millions of people now on the earth. To fill the earth's surface will require 52,000 millions of people, and at the present rate of growth this number will be reached in the year 2250. This calculation is based on the supposition that a square mile will support 1,000 people.

In Germany all married couples whatever their rank, are compelled to furnish to the government satisfactory evidence that they are rearing their child or children properly. At the age of three, boys and girls are placed in kindergartens where, first of all, they are taught to play, while reading, writing and sewing are not neglected. After the kindergarten comes the primary school, and from this the boys are gradually drafted into the technical schools, where each young German learns not one, but sometimes several trades. While the boy is becoming a practical mechanic, his sister is receiving a thorough home education. She is taught to become a good housekeeper, to learn cooking in all its branches, dress making and foreign languages. All this presents something practical to show for the years spent in the schools; quite a contrast to results of the American system.

In Asturias, Spain, out of a population of 600,000, there are twenty-eight men ranging in ages from 100 to 107 years.

This is the way oil is "started" from wells in the Great Texas oil fields: When the drilling has reached the oil-bearing stratum, usually at a depth of about 3,000 feet, a torpedo containing from one to twenty-five gallons of nitroglycerine is lowered to the bottom and discharged by dropping an iron weight upon it. The resultant explosion creates a chamber in the stratum, and when the oil flows back, impelled by its own gases, it is forced up the well-hole to the surface.

Mr. H. Giffard-Ruffe, in the July *Westminster Review*, in an article entitled, "A Plea for Posterity," looks to education to prevent marriage between the bodily and mentally unfit. He says: "In education, in its highest sense, lies the salvation of humanity, and already there is a faint murmur in the air betokening the coming of a higher form of civilization, built upon the foundations of unselfishness and renunciation, whose citizens, daring to face the truth and acting on its teaching, will stamp out these seeds which today constitute the gravest of perils to the future of the civilized races of the world."

Ten years ago there was not afloat a single 10,000 ton vessel. Before the close of this year there will be 25, five of which will be over 18,000 tons each. A well known shipbuilder says he is ready to build 50,000 ton steamers if desired.

Geological evidence proves that the primitive man was a flesh eater. Aboriginal Europeans subsisted on flesh. Evolution of the Asiatic branch of the human family produced shepherds who began to cultivate cereals, their diet being a mixed one. Invasion of Europe by the Asiatics was the cause of introduction of a mixed diet there. Scarcity of animal food in the East, coupled with density of the population, is the reason why Chinaman adopted a vegetarian diet, consisting principally of rice. The Eskimo eats nothing but flesh. A purely vegetable diet was impossible to the primitive man, because fire and cooking had not been introduced. Man has neither the teeth nor the alimentary canal of a vegetarian. As to strength, no vegetarian animal, the horse, ox, camel, or elephant, can carry the weight of his own body. The carnivorous lion, gripping an ox equal to his own weight, can jump a hurdle six feet high. The lifting power of man, a mixed feeder, exceeds that of all other mammals.

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No. 9

"BE SURE THAT YOU'RE RIGHT AND THEN GO AHEAD."\*

T. H. HUDSON, M. D., WICHITA, KAN.

The subject is, or ought to be, appropriate. I present it under three heads. First, Be sure. Second, That you are right. Third, Go ahead.

Be sure that the science of medicine is the science you *must* understand; the practice of medicine, the vocation you must pursue; be sure beyond doubt or peradventure, that you want to be, ought to be, must be, Doctors of Medicine; that you may not, might not, must not, would not, could not, should not be anything else; that nothing else can charm, fascinate, satisfy or suit you; that gold could not bribe you, glory allure you, fame attract you, nor love attempt you to abandon this fixed and unalterable purpose.

If you are willing to starve, freeze, beg, borrow, go in debt and cultivate patience while you wait for patients; willing to turn out at all hours of the night, in all kinds of weather, upon all sorts of roads, and treat all classes of people, relieve poverty with money, hunger with bread, nakedness with clothing, minister materially to the material while searching amid rags, wretchedness, dirt, ignorance and sin for a faint clue to the remedy; willing to spend sleepless nights when, except for anxiety and uneasiness, you might sleep the sleep of the just; willing to do your faithful

best for an ingrate, receive ingratitude as your fee and keep locked in your *own* bosom a professional secret which would hang *him*; if you are willing to work hard, live honest, and die poor, leaving to your heirs only a good name, a patrimony over which they will not quarrel, you are all right so far. Lest this picture should seem too sombre, we will say you may paint a brighter companion picture if you will; the colors of which, however, be they never so bright will blend with these. The point I would make is that you must be determined, and that beneath and behind and within you, buoying you up, bearing you on, driving you forward must be a purpose deep, strong, resistless.

If on the contrary you are purposeless and aimless, if you are here because a rich father sends you, because your best girl jilted you, because other things have failed you, because you haven't energy enough to be a blacksmith, sense enough to be a lawyer or piety enough to be a minister, or because among the many things you might do, you consider this about as good as any, you would better call a halt, review the subject, and reconsider, ay! revoke, your decision. Now, however, that you *are* here let us take for granted that you have counted the cost, looked over the field, made up

\*Address delivered at the Opening Exercises of the Dunham Medical College of Chicago, Sept. 24, 1901.

your minds, that in spite of impediments and obstacles; the discouragements of friends or the sheers of enemies, come poverty, misfortune, disaster, you are determined to prosecute this study to a finish, and then practice it for science's sweet sake, for the love of humanity and in the fear of God. If so, you are right thus far.

The trend of your inclination and the bent of your genius running medicineward, we will consider this settled, and grant that you must be physicians. And now that you must be physicians, does it follow that you must be Homœopathist? The selection of a school is a vital matter. The next worst thing to being wrong, is being not sure that you are right. "Be sure!" *Are you sure?* The Homœopathic school is only about a hundred years old. The Allopathic several thousand. The Homœopathic school counts its practitioners by the thousands. The Allopathic by the hundred thousands. The army, the navy and most of the public positions are in the hands of allopathic physicians. Most of the people have been reared on calomel and quinine and consider anything short of a knock down argument no argument at all. Like the ancient Israelites, they must perpetually see the shekinah shining. They must not only see and taste, but they must feel and suffer.

Allopathic physicians, through custom and habit since time immemorial, have pre-empted the right to lose cases by death; but you as Homœopathic physicians will be severely criticised when you lose a case. To be sure, I admit that you will not lose so many in proportion to the number you treat, but when you *do* lose one you will have lost him irregularly and people feel that they have a right to die regularly. Then the Allopathic system is such a free and easy one. It is not handi-

capped by law; it is untrammelled by rules, while a Homœopathic physician without his law of similars and his rule for the selection of remedies would be all at sea, at sea without chart or compass.

Be sure you are right. If you have entered a Homœopathic college, because your father or grandfather, father-in-law or prospective father-in-law are homœopaths, your reason is not sufficient.

If you have entered because some friend or fellow student has entered here, your reason is not sufficient. If because this college is more convenient, cheaper or has connected with it some favorite teacher, again your reasons are insufficient. If you are here for any reason or reasons other than a firm conviction that the law of similars is *the* law of cure, and Homœopathy *the* science of therapeutics, your reasons are not the best nor your motives the highest to which you are entitled. To be sure that you are right, you should be sure that the science is scientific and the law infallible. You will make mistakes enough, with an unerring law to guide you.

There is such a thing as being right without being sure of it, and having traveled this road before you, it gives me great pleasure to assure you that whether or not you be fully cognizant of the fact yet you are certainly right in your choice of schools. You are on the right road. How do I know? By having traveled both? Would I advise you to determine in the same way? No! There are better means. First let us examine results. In recent years hospitals, sanitariums and public institutions for the treatment of the sick have been passing out of allopathic into homœopathic hands, with invariably a decrease in mortality. This proves one of two propositions, either that homœo-



pathy is beneficial or allopathy detrimental. If, as is sometimes urged by enemies to Homœopathy, the law is fallacious and the practice inert, then allopathy is dangerous and destructive. Allopathic practice is chaotic, Homœopathic practice orderly. Allopathic therapy is based upon experimentation; Homœopathic therapy founded upon natural law.

Allopathy treats disease; Homœopathy treats the patient. Allopathy considers disease an entity and endeavors to forcibly expel it. Homœopathy knows disease to be simply a departure from a healthy standard and endeavors to restore the standard. Allopathy treats with physiological and pathological doses. Homœopathy relies upon dynamic energy, and elective affinity. Allopathy makes the whole body sick. Homœopathy restores health to the suffering organ or tissue. Allopathy relies upon clinical observation and experience. Homœopathy proves all remedies upon individuals in health.

Allopathy forces crude, nauseous, disgusting and deleterious compounds into the interior of the body. Homœopathy exhibits tasteless or agreeable single remedies. Allopathy disregards, ignores or insults the gustatory nerves or encapsules its compounds that they may pass those sentinels unawares.

Homœopathy respects the nerves of taste and has no occasion to afflict, impose upon or deceive them.

Allopathy treats disease by name en masse. Homœopathy differentiates, individualizes, precisionizes and treats the individual according to his or her manifestations. Allopathy tramps, tramps, tramps and fancies that it is making progress, whereas it only travels in a circle.

Remedies in high repute yesterday are abandoned today to be revived tomorrow.

Twenty-five years ago a prominent physician met with an epidemic of fever having the characteristics of *Aconite* which fortunately for his cases he selected. So markedly beneficial was the result that he vaunted *Aconite* in the medical periodicals as *the* remedy for fever. Then *Aconite* became the rage and was exhibited in and out of season. Of course when not indicated it failed. The failures necessarily being more frequent than the successes its luster grew *dim* and pale, to be brightened a few years later by the torch of Dr. Ringer, again to wane and fade amid the meteoric shower of coal tar products.

Homœopathy gave *Aconite* its rightful place one hundred years ago. Homœopathy knows that fever, unless associated with certain mental and nervous phenomena, can never be curable by *Aconite*. What was true of it then has been true of it ever since and will be true forevermore.

When, therefore, we have obtained reliable information, accurate knowledge, concerning any remedy it serves our purpose always, and in the very nature of things can never disappoint us.

Yes, I can assure you that in so far as your choice of schools is concerned you have selected the right one.

If you are not sure—get sure. How? By a careful study of the philosophy of Homœopathy. By watching the results of rightly selected remedies. By personal and statistical comparisons of both schools. By obtaining knowledge of the law, observing its application and noting the issue.

It is well to be right. It is better to be right and sure that you *are* right. Be sure you are right and then there will be no halting, nor hesitating, no faltering, nor wavering, no doubting, nor despairing, no pause in the progress; difficulties will recede as you approach them, obstacles be surmounted

when you reach them, obstructions removed. when you arrive at them, nothing will daunt, nothing deter, nothing detain you. "Thrice armed is he who knows his cause is just." Be sure you are right and nothing can hinder nor oppose you. Be sure you are right and enthusiasm and ardor will carry you triumphantly along. To those who see only the surface and believe only what they see, Homoeopathy must ever remain a mystery.

At best we see but little. The farthest reach of vision stretches not beyond the material side of life. Between life and life's manifestations there is a great gulf fixed, which mortals cannot cross. The telescope and microscope enlarge and elongate the vision, reveal new worlds, and myriad manifestations of life, but life's self never. And yet as physicians it is this life principle, this vital force, this invisible, intangible, imponderable builder of the body and preserver of the health to which we must minister if we would prevent, the body's decay and dissolution. To thus minister, life's forces must be liberated, life itself set free that it may meet, recognize and assist life. The humblest plant that grows preserves the dignity of its own individuality, preserves its own secret; wraps within its tiny seed its power of reproduction, and reproduces itself age after age, world without end. To secure its aid, the life which has built its body; the life which has preserved its individuality and perpetuated its existence; the life which has permeated root and stem, branch and leaf, flower and seed must be set free, and brought within reach of the higher life which need its ministry.

As students of Homoeopathic medicine you will learn how this is done. Once you fully realize the fact that man's body is simply man's house, "only this and nothing more," a portable

dwelling suited to his purposes during a sojourn on earth, built wholly out of earth material, built by himself, for himself, that he is the designer, architect, contractor, you will realize that whereinsoever the building is faulty, the fault or misfortune is his—the man's—and whatever help is given must be given to him. Let us suppose him to have built a convenient, commodious, substantial residence which he has occupied to his satisfaction and has kept in good repair for a number of years. Let us further suppose that some misfortune has overtaken him through which he is unable to procure the material necessary to the continued repair of the building. He has the same inexhaustible resources from which to draw his supplies—mines of iron, ledges of lime, mountains of mineral—but is unable to appropriate them. Hitherto beefsteak and potatoes, bread and butter have furnished an adequate supply of iron. Now although he still has access to these, he fails to procure his supply. He becomes restless, uneasy, alarmed, timid, apprehensive of coming disasters, fearful of approaching dissolution, and you know of a little plant, not useful food, not used for the body's nutrition, but growing upon an iron soil and containing that which will restore the man's equilibrium and enable him to procure from the customary sources needed supplies. When therefore you appreciate this and a thousand kindred facts which will reveal themselves as your investigations continue, and most of all when you realize that remedies must be addressed to the individual, the personality, the person, the house dweller, the supervision, your faith will be established and your conviction so strong that it cannot be shaken.

Then you will appreciate dynamic energy. Then you will understand the necessity of liberating the life of a plant,

the releasing of the spirit, of iron, of lead, of zinc, of silver, of gold, that they may be able to come to the rescue of animal life.

When the philosophy of mighty truths begins to unfold before you, when reason and results run in the same direction side by side and close together, you will then be sure that you are right. Being right and sure that you are right there will be no limit to progress, no bounds to ambition no end to endeavor. With a solid medical education beneath you, and the world an open book before you, there is no achievement, no accomplishment, no consummation beyond your reach. You must go ahead, you cannot stand still, surely you will not go backward.

Ambition, duty, the desire for knowledge, love of your human kind, every good and worthy motive will impel you, propel you, compel you to move forward, onward, upward. The field of *Materia Medica* alone is exhaustless. Every plant and tree, every weed and herb, every species of grass and flower that springs from the breast of mother earth, every metal and mineral that sleeps within her bosom is volume containing infinite knowledge.

To know these and to know them well, to think of them as your friends and the friends of your race, to study them individually and collectively, to become familiar with their peculiarities, their points of convergance and divergence, similarity and difference, to recognize them as you recognize your human friends with the same facility, the same certainty, the same sure acquaintanceship as that by which you distinguish your most intimate associates, by form, figure, size, style, manner, voice, anyhow, anywhere, everywhere and always. Aye! indeed such intimacy will make them your friends indeed, your friends in need, when friends indeed are

needed.

All this is possible and the delight of its pursuit scarcely less than the satisfaction of its attainment.

One word as to this particular college. You have settled the fact that you want to be physicians. Your presence here indicates the fact that you want to be Homoeopathic physicians. Had you asked my advice as to what particular college you should enter I should have advised The Dunham of Chicago. I could give you many reasons. Let this one suffice: This school is true to its colors and I wouldn't give a cent for man who or institution which is not. In all these things you are right. Be sure and go ahead. You have every incentive, every advantage. Youth, health, hope, an honorable career before you; fame if you desire it; a name if you care to make it; a place among the world's heroes if you strive for it; the golden gate of the brightest century just opened; the palmiest epoch of history your sphere of endeavor. The fair Goddess Liberty your Sovereign Queen, and for your arena of action, America! Great, grand glorious America! What thought tyranny rocked the cradle of her babyhood; what though rebellion threatened the life of her childhood! In spite of this, in spite of these, in spite of anarchy from abroad and treason at home and the blood of martyred presidents crying toward Heaven, America, your country, my country, is the greatest, the grandest and best in all the world. There is, there *can* be no richer heritage than yours. The path of your progress cleared by martyrs to freedom's cause, and lit by the crystal lights of art and science, reason and revelation, is bright as Heaven's own light can make it. No serious impediment to encounter, no insurmountable obstacle to pass, only before you the mount of knowledge, its glittering peaks rising into the clear

pure air of truth. Ascend and from its summit you shall see spread out before you fairer than poet's dream, the land of promise; with no wilderness intervening and no Jordan to cross. Once upon that mountain top, the kingdoms of the earth are yours. Between the mountain and you rolls the Red Sea of Trial, but you may cross it dry shod. Beyond stretches the wilderness of necessity, but overhanging it the fiery cloudy pillar, a light by night and a shade by day. Darker clouds may lower, adversities deep and dark, but rifted here and there, where the sunlight shimmers, though brambles may grow, but the roses of opportunity will bloom.

Gird your loins and press on, the dazzling honor beckons, the beacon blazes beyond. Perseverance, diligence and concentration will win the day and you shall wear the laurels. Perseverance and diligence are muscle and bone, and concentration the liver that lightens labor. An hour of concentration is worth a week of toil. Cultivate it assiduously.

Concentrate upon one thing at a time, no matter how swiftly upon its heels its

successor follows. Form orderly habits, methodical habits, the habit of punctuality, systematize your work. Habit will make or mar you. "Habit is character and character is destiny."

Do not allow your minds to wander from lecture or text book, back to syllabus scene and rural retreat around the old farm house at home.

I hope you *do come* from an old farm house different in its serenity and peace from this noisy Babel as day from night, and I wonder not that your spirit returns to it and hovers about it as a dove around its former nesting place. I would not have you forget it, nor neglect its beloved inmates, but I would have you banish for the time all extraneous things that you may do this one thing well. Do not get home-sick. Fill the hours full and the months will fly, and home and you shall meet again with never such welcome before. Be brave, be strong, be faithful to duty, be true to conscience—

"To thine ownself true,  
And it follows as the night the day,  
Thou canst not be false to any man."

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### RANDOM THOUGHTS.\*

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*Mr. Dean, Members of the Faculty,  
Students and Friends:*

I once heard of a man who made a speech, at the end of which he remarked to one of his hearers, "It was awful hard on me to make that speech." The reply, though somewhat surprising, was doubtless to the point, "Think how the rest of us suffered." It has always been rather hard for me to attempt to make a speech, and I have sometimes thought it was much harder on those who were compelled to sit still and listen to me,

and since I have no desire to cause needless sufferings to any one, I will limit my remarks to a few random thoughts to the students.

To many of you our relations, as teacher and student, are new, while to others it is but the renewing of old acquaintances. In the name of the faculty, I bid you all a most cordial welcome.

You are all here, I take it, for the same reason. You felt that in some way or another it would be better for

\* Address delivered at the Opening Exercises of the Dunham Medical College of Chicago, Sept. 24, 1901.

you to come here than to go elsewhere, and I wish to say to you, that you have made no mistake; since you will receive just as good here in all departments, and much better in most departments, than you can get in any other medical college. Therefore we feel that we have a right to expect much of you; and we have faith to believe that you will not disappoint our expectations.

You have heard, or will hear, so much during your under graduate life regarding your duties, in order that you become doctors with all that the word means, that I apprehend the subject will become thread bare from frequent repetitions. Would that I could impress you with the importance of being men and women, with all that the words mean. What is a man? The noblest work of God. And this he must remain until by his own life be cast himself from the pinnacle.

It is said of the wife of a certain foreign diplomat to this country, that she complained bitterly of the unhealthful climate in the city of Washington, saying that the first year there she lost her teeth, the second, her hair, and the third her reputation. It would not be difficult to imagine how the first two losses might have prevented the third. Your reputations may suffer at the hands of envious, narrow minded and malicious enemies. But the destinies of your characters are within your own keeping. I would place character first and knowledge afterward; for what matters if you do feel your ignorance, since you will be meeting men every day who know it all. With a little knowledge men think themselves wise; with much, otherwise.

Life is a pair of lenses, called time and space, loaned to us by the Creator, to the intent that by keeping them properly adjusted, we may be enabled to see our true relations to our environments.

But too many people are looking in at the wrong end, and so see themselves magnified many diameters over the real, while all else looks infinitely small. To many people it would seem that "I" is much the largest letter in the entire alphabet of life. But the more we look at ourselves the less we shall be able to see of more important things.

The unselfish soul is lonesome; but it is at liberty from itself, and so free to follow God, make progress and serve others. But when a man thinks he is made of a little better clay than other people, he is usually only a piece of common pottery, half baked, with a soft place somewhere. He calls more loudly for sympathy than censure, since a fool is not responsible for his folly.

It is said that some enterprising botanist has lately been describing grasses plucked from the path of rectitude. This is doubtless true, since so few people are traveling in that particular path that there is nothing to hinder grasses growing in it, in great varieties and abundance. But in this connection let us not forget that the more profound our knowledge of human nature the softer our condemnation of its frailties.

The world needs patriots and martyrs to truth, a manhood and womanhood capable of filling the earth with potent forces that shall be the motive power in shaping the destinies of this and future generations.

Let us not overlook the important fact, that in all this wide universe of mind and matter law governs.

To hear some people talk, one would think that science is limited to measures and physical tests; but how shall we measure love, conscience, aspiration, reason?

Since all beliefs must rest on the corner stone of reason, so unbelief must rest on lack of research or of reasoning power to grasp scientific facts. In this

world of matter, the protoplasm and the molecule are facts and evolution and other modern theories have set ancient ideas adrift, with old anchors dragging in a vain attempt to impede human progress.

A man is decidedly behind the times who tells you he does not believe a thing simply because he cannot do it, does not understand it or how it is done. If he does not understand the visible things that appeal to his conscious mind, or the invisible things that vibrate within his subconscious mind how can he expect to know anything of the higher mysteries of nature?

Place an ordinary nail near a magnet, but not touching it, and it soon becomes magnetized. We know that a force has been transmitted, but we have no sense telling us of the fact. We only know it by its effects. The nail retains its magnetism for some time after being carried away from the magnet. Its molecules are affected by having absorbed part of the magnet, yet it weighs no more nor the magnet less for the change. Here is a wonderful mystery, a marvelous force having neither weight nor extension. Do we understand it? Is it material? If not, what is it? Materialists will tell you it is matter and ponderable, and will waste considerable protoplasm in preparing arguments to support the theory; but it remain authorities against a fact, and authorities are not always proofs.

So in healing, it is reasonable for us to suppose that a connection is established between the immaterial, imponderable remedy and vital forces, but since we are unable to recognize the transmission we fail to see the connection.

Cosmic unity reclines peacefully on the placid bosom of law throughout the universe, and shall we deny here a place to medicine? The pebble climbs to the wheat, and the wheat to the body of

man. Man has the earth for his footstool. Its products combine to form his body and the waters hold him in solution. Nature inspires him with a love of life, but fails to teach him now to die. Thus it points to your professional duty, the conservation of life under all circumstances.

No man is the sole architect of his own fortune. But we must understand that his web of life is so woven that each is compelled to meet his own production, and not that of another. He weaves himself into his daily occupation. His day, strength and mind are coined into some product that remains as a visible part of himself. To protect that to him, and secure his past self to his future self is the sole object of all government and self-government. But remember that he alone can govern who has learned obedience, and only he who has learned to follow can be a successful leader. In all departments of life the contact or collision of earnest and honest reasons has ever been productive of a perpetual motion in human progress. But when you become reasoners don't become reformers. The trouble with reformers is that they waste so much of their time and strength in fruitless attempts to reform somebody else to the neglect of themselves. When they learn to attend to their own business and let other people do the same, the world will make rapid strides toward reform.

Remember that in your every day life you are exerting influences that shall be as lasting as eternity. Who can deny that a man's life is influenced by the moral atmosphere in which he lives, since every sensation of the body finally resolves itself into a thought. Carry out the thought and it is an act; repeat the act, and it becomes a habit; permit the habit, and it forms the character; continue the character and it fixes the

destiny. This is also an inflexible law.

Don't be discouraged if your first manuscript should be rejected. Many of the best men the world ever knew have met with like experiences. There is something in popular opinion that clings to traditions and customs, and holds all things new and strange to be impossible, therefore ridiculous. Common sense is as rare as genius. A man is an impossibility until he is born; and then he is prone to hold all things impossible till forced to admit of their existence because of their successes. All progress first meets ridicule then persecution. Public opinion has ever stood ready to cry "crucify!" when some brilliant intellect has announced a new discovery. And life has usually been rendered unbearable to those who have been so unfortunate as to be born a few hundred years ahead of the age in which they lived. Thus Plato, Socrates, Gallileo, Columbus, Hahnemann and a host of others were all ridiculed and persecuted during life, to be almost worshipped when the world finally caught up with them.

Humanity has always stoned its prophets; but in these latter days, stones and the sword have been replaced by calumny and ostracism. It is more dignified and respectable to chop a man's head off with the tongue or the pen than to bungle the job with the sword or the guillotine. The world is making rapid progress, but in this latter respect the progress hinges on a misdirected intellect. But true progress is improvement. It is not change, but consists in bringing up the good of yesterday and adding to it the good of today. It pauses

not to measure the ground it has past over, but what it has gained in passing.

It is always safe to learn, even from our enemies; it is rarely safe to instruct, even our friends.

The difference between ignorance and stupidity is the difference between lack opportunity and stubbornness. The one is sometimes excusable, the other never, because stubbornness is akin to selfish conceit which begets bigotry.

The trouble with the medical profession at the present time is that so many wise men of all schools know too many things that are not true, and refuse to learn too many that are true. So, valuable lives are being daily sacrificed to ignorance of the simplest laws of nature or errors of judgment in matters where, with our present knowledge, error is akin to crime. The best, wisest and greatest men have perished in consequence of what we now would consider carelessness, recklessness and ignorance that is beyond comprehension.

The world of humanity is divided into three classes, the wills, the won'ts and the can'ts. The first succeed in many things; the second oppose all things and the third fail in all things. Of course you all belong to the first class. And I wish you successes beyond your wildest dreams. *But be men and women.* The highest possible compliment to a person is to say "He is a man," or "She is a woman." The true sovereign is he of whom it is said, "He contributed much to our happiness and well-being." His most lasting monument is carved in the hearts and affections of those who say "He was kind to us."

## Materia Medica.

### VERATRUM VIRIDE.

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This is the Green Hellebore, a habitat of America.

Veratrum viride produces its symptoms through its action upon the *cerebro-spinal* nervous system.

Its action upon the brain is to completely prostrate all the functions, and thereby produce intense arterial capillary congestion.

The *cerebral congestion* of this remedy is produced directly contrary to that of *Belladonna* which is brought on by exciting the cerebral functions.

The congestion is usually more marked in the cerebellum than the cerebrum. Hence, we would expect it to be useful in full blooded, plethoric persons.

Congestions, especially to the base of the brain, chest, spine and stomach are particularly characteristic of it.

You will find, then, such mind symptoms as stupefaction, mental confusion, loss of memory, vertigo with cerebral hyperemia.

Great mental depression, and fear of death, or quarrelsome delirium from sudden congestion of the brain. Insanity from cerebral congestion. Depression of spirits is marked in many complaints.

The patient is often in a semi-stupor, sometimes complete coma.

*Nervous headache*, sick headache, or congestive headache from suppression of menses, pain intense; the head feels as though it would burst open from the intense congestion. accompanied with violent nausea and vomiting. Congestion threatening apoplexy, head hot,

bloodshot eyes, thick speech, slow full pulse.

Violent pains attending inflammation of the brain or meninges.

There is also great congestion of the pons varolii.

On the floor of the fourth ventricle in the pons varolii is a small space, the convulsive center, from the congestion found there, explains why Veratrum viride is so valuable in spasms of a congestive character.

In *puerperal convulsions* that originate from some emotional cause, accompanied with excessive cerebral hyperemia, it is very valuable.

*Sudden congestive eclampsia* of children, that so often occur. Child trembles, jerks, is threatened with convulsions, continually jerking or nodding the head. Basilar meningitis, head retracted, child on verge of spasms.

*Cerebro spinal diseases* with spasms, dilated pupils, tetanic convulsions, opisthotonos, cold clammy perspiration.

These brain and spinal troubles come on suddenly, with great cerebral congestion, nausea and vomiting, hard, full slow pulse.

It is often useful in *sunstroke*, head full, throbbing arteries; sensitive to sound; double or partial vision.

Upon the *motor* nervous system generally, Veratrum viride acts as a powerful *depressant*, producing complete paralysis, but in some cases, violent spasms are prominent symptoms.

The *spasms* are both tonic and clonic; coming on suddenly, like galvanic shocks.



Twitchings and contortions of the body, unaffected by sleep; froth about the lips; difficult swallowing; head jerking or continually nodding, conditions so often present in chorea.

*Convulsions* after scarlet fever, great dilatation of the pupils, inability to sleep; also convulsions in anemic subjects from exhausting diarrhea.

*Paralysis*, with cerebral hyperemia; tingling in the limbs.

The *reflexes* are at a first markedly diminished and later completely abolished; this shows that it also has a powerful depressing influence upon the spine. The functions of the medulla are paralyzed, because the chief action of *Veratrum viride* seems to locate here; this accounts for the interference with respiration which is so prominent in this remedy, for the center that controls respiration is located in the medulla; its functions being paralyzed, respiration must be greatly depressed.

Breathing labored, must sit up; cold sweat on the face.

Respiration decreased; oppression of chest.

The *congestion of the lungs* is an important condition, the respirations are rapid and difficult; nausea; dull, burning sensations; faint feeling in the stomach; slow or intermittent pulse.

*Inflammation of the lungs* is very marked, hence its great value in pneumonia. A marked feature of *Veratrum viride* is its action upon the pneumogastric nerve, paralyzing its functions and producing congestion and inflammation in every organ and tissue to which it is distributed.

Its therapeutic power in congestion and inflammation is almost entirely shown in the organs and tissues that are under the immediate control of the pneumogastric nerve.

Remember this point, it will often help you in differentiating it from other

remedies.

The eye symptoms are quite prominent and important; they are produced through its paralyzing influence in the third cranial nerve (motor oculi), and the base of the brain.

We would expect then to find such symptoms as dimness of vision from congestion of blood to the base of the brain, with nausea and vomiting. Dilated pupils; with dimness of vision; green and red circles around the light.

Twitching of the eyelids.

Paralysis of the eyelids; complete ptosis.

The ear symptoms are produced by its influence upon the auditory nerve.

There are ringing noises in the ears from congestion of blood to the head, at the origin of the auditory nerve.

Deafness, produced by paralysis of the auditory nerve.

Neuralgia of the auditory nerve.

**Face**—with cerebral congestion, the face is flushed; convulsive twitchings of the face. The hypocratic face is a marked characteristic of this remedy; cold and bluish covered with cold sweat; nose pinched, cold and blue; paleness around the *alæ nasi*.

**Mouth**—Copious secretion of saliva, with nausea.

Tongue coated yellow and feels as if it had been scalded; this points to functional derangement of the liver, through filaments of the pneumogastric nerve. Yellow coating at sides and red streak along center; inclined to be dry.

**Throat**—Frequent and long continued hiccough, with a constant sensation as if a ball were rising in the *œsophagus*. This is caused by the motor force of the pharyngeal branches of the pneumogastric nerve being so irritated as to throw the *œsophagus* into constant spasms.

Dryness and heat in the throat, and burning in the fauces and *œsophagus*

with a constant desire to swallow.

It is a very valuable remedy in acute inflammation of the œsophagus, with constant hiccough; nausea and vomiting. Through its action on the pneumogastric and its branches, it produces a spasmodic stricture of the œsophagus; consequently it readily relieves these acute strictures when these nerves are at fault.

**Stomach**—There is marked inflammation of the mucous membrane of the stomach, produced through the intense congestion in the medulla and the whole length of the pneumogastric nerve.

The mucus follicles of the stomach are greatly excited, causing them to throw out an immense amount of ropy, glairy mucus.

Vomiting, long continuing, this may be neurotic as well as gastric from the condition of the medulla and pneumogastric nerves.

Vomiting of bile, from congestion of the liver.

Vomiting with inflammatory or cerebral diseases.

Smallest quantity of food is immediately rejected.

Gastralgia pain severe, covering space size of hand, and also spasms of the stomach; with both of these conditions there is great thirst and violent retching.

**Liver**—Through the vagi there is increased secretion and inflammation. Acute congestion in hepatitis, with constant nausea, and vomiting of bilious matter; pain in the hepatic region, passing down to the groin, of a dull aching character, especially in the region of the gall-bladder; accompanied with intense fever, hard pulse.

**Abdomen**—*Neuralgic* pains in the abdomen; heavy, aching pains in the umbilicus; pain and soreness across the abdomen just above pelvis.

Pain in the hypogastrium, with much

tympanitis.

**Enteritis**, with high fever, great vascular excitement; vomiting; dark, bloody stools.

It is often called for and is a very valuable remedy in *peritonitis*.

**Stools**—Its action upon the intestines is slight, but through its action on the liver there is more or less venous congestion of the bowels.

So in diseases that call for *Veratrum viride*, constipation is more apt to be present than diarrhea, although occasionally there are mushy stools, or copious and watery and sometimes bloody.

**Urine**—The urinary symptoms are produced by increased blood pressure in the kidneys.

Urine first increased, and then decreased; the solid constituents are increased, specific gravity diminished.

It is often a valuable remedy in congestion of the kidneys attending the last stage of pregnancy, when uremic convulsions are threatened, or really present.

**Female Sexual Organs**—In many congestive diseases of these organs, it will be found of great use.

With the menstrual colic, or dysmenorrhea, there is much nausea and vomiting; and great cerebral congestion, in especially plethoric persons.

In acute metritis and ovaritis, attended with a high grade of fever.

In puerperal peritonitis and metritis with gastric symptoms and high fever.

Nausea and vomiting during pregnancy, cerebral congestion.

Puerperal convulsions and puerperal mania have often been cured by this remedy; the intense cerebral congestion must be present when it is indicated.

**Heart**—Through the vagus the heart is acted upon.

There are burning, pricking pains in the cardiac region; as are present in carditis and pericarditis; the pulsations

are hard and strong, with great arterial excitement.

In inflammatory fevers calling for this remedy, the pulse is full, hard and bounding; later becoming softer, sometimes irregular and intermittent.

In diseases with excessive action of the heart, with pulse full and hard.

**Neck and Back**—Much aching in the back of the neck, and shoulders, can hardly hold head up; as in early stages of cerebro-spinal meningitis.

Acute inflammation of the spine; head drawn backward.

*Opisthotonos*; arterial excitement; hands and feet cold; shocks in the limbs; congestion of the brain and spine; loss of consciousness.

**Upper Limbs**—Convulsions of the arms and hands.

Flying pains in the joints; rheumatic inflammation.

*Paralysis*; tingling of the limbs, from cerebral congestion; great relaxation and prostration of the whole muscular system.

The paralysis is due to its paralyzing influence upon the functions of the cerebellum and the antero lateral portion of the spinal cord.

**Lower Limbs**—Much pain in the muscles, also in the hip joints and about the condyles, with high fever, as in acute rheumatism.

*Convulsions* of all the limbs; trembling of the whole body; twitching and contortions of the body; cramps in the legs and fingers; the ankles feel dislocated.

In acute congestive and rheumatic cases of chorea it is a wonderful remedy.

**Skin**—Much itching and burning of the skin; eruptions with intense fever.

*Scarlatina*, with intense arterial excitement; congestion of the brain, with violent nausea and vomiting.

*Measles* during the febrile and eruptive stage; pulmonary congestion, and

threatened or actual convulsions. There is also the opposite condition, produced by the profound arterial depression.

Skin cold, clammy, bluish, insensible, shriveled as in cholera.

It is indicated in *eruptive* fevers when there is excessively high temperature; hard, full pulse, and a tendency to congestion of the brain, chest or stomach.

Much swelling and redness, from inflammation of the cellular tissue; so then cellulitis is well marked.

It is a very valuable remedy particularly in pelvic *cellulitis*.

**Fevers**—It is indicated in *ephemeral* and *irritative* fevers, with great *congestion* of the brain; hard, full, and very high pulse, headache, vertigo, dimness of vision, nausea, vomiting and much restlessness, great thirst, and muscular pains. It is not often called for in the septic type of fever, as it has no septic action upon the blood.

But when these fevers center upon the brain, lungs, heart, or spine, it will relieve the intense congestion.

*Veratrum viride* is not used as often as *Veratrum album*, nor are there as many symptoms in its proving, but when there is the intense congestion of inflammation to the brain, and less decided diarrhetic symptoms it will be of much greater service.

The chief difference in the action of *Veratrum album* and the *Viride* is in the intensity of the action of the *Album* upon the *alimentary canal*, and the induction by it of violent inflammation of the whole alimentary mucous membrane.

This is caused by its action upon the *pneumogastric* nerve directly, through which it produces violent choleraic vomiting and watery diarrhea, without the congestion to the pons as in the *Viride*.

The *congestion* of *Aconite*, which also acts through the cerebro-spinal system, producing an exalted activity of the arterial circulation, paralyzing the arte-

rial capillaries, the effect of which gives rise to congestion and inflammation.

*Aconite* affects the *sensory* nerves before the motor, which is directly contrary to *Veratrum viride*.

*Antimonium tart.*, like *Veratrum viride*, acts directly upon the nerve centers at the base of the brain and in the medulla, then through the pneumogastric nerve *depressing* the circulatory and respiratory systems, producing a catarrhal inflammation of the mucous membrane of the stomach, lungs and liver, while *Veratrum viride* produces *congestion* and *inflammation* of the substance of these organs.

*Belladonna* differs from *Veratrum viride* in that it acts as an *irritant* to the entire nervous system, rather than a *depressant*.

Its chief center of action is in the *cerebrum*, producing active congestion and inflammation, also of the medulla and cord, while *Veratrum viride* acts more upon the cerebellum, medulla and cord.

*Belladonna* affects *first* the *sensory*, then the *motor* system, while *Veratrum viride* affects more profoundly the motor system, the sensory being but little influenced.

The special senses become intensely acute, and at the same time perverted in function, so also with *Veratrum*, but not to the same extent.

*Digitalis* acts profoundly upon the muscular substance of the heart and arteries through the pneumogastric and the vaso motor nerves, producing debility of these tissues, even to paralysis, causing a depression of the circulation, and an extremely slow intermittent pulse.

It secondly produces functional derangement of the brain, kidneys, and digestive apparatus.

With the depression of *Veratrum* there is a hard, strong beating of the heart, and quick pulse, and a very slow

respiration.

*Gelsemium* acts principally upon the motor nervous system, causing a passive congestion of the brain and spinal cord, which gives rise to general prostration and paralysis of the whole muscular system, both voluntary and involuntary.

*Gelsemium* then is quite contrary to *Veratrum*, having a passive instead of active congestion.

*Helleborus* acts upon the serous membranes, producing dropsical effusions of the brain, thorax, peritoneum and cellular tissue.

Through the pneumogastric nerve the respiration is retarded and cardiac paralysis is produced, while from the action upon the cerebro-spinal system, there are both cerebral and spinal paralysis.

We can readily see the difference between these two remedies, *Helleborus* having dropsical effusions without as much congestion or inflammation and *Veratrum* having intense congestion and inflammation without the dropsy.

*Tabacum* acts especially upon the *pneumogastric* nerve and the *medulla* producing complete relaxation and *paralysis* of the *involuntary* muscular system.

Through the Vagi the digestive system is powerfully affected.

With *Tabacum* the involuntary system is the one chiefly affected, with *Veratrum* it is the voluntary system which is most marked.

The emetic properties of the two remedies are quite similar, they both have vomiting of cerebral origin, and also from local irritation of the gastric mucous membrane through pneumogastric nerve, while *Tabacum* has specific emetic properties which *Veratrum* has not. The nausea of *Tabacum* is always accompanied by pallor, vertigo, cold sweat, and intermittent pulse, while the *Veratrum* nausea the face may be flushed or if pale more of a bluish paleness, the face is cold, as well as the cold sweat.

## PULSATILLA—Wind Flower.

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Derives its name from *Anemos*—the wind—because its flowers was only supposed to be open when the wind blew. It finds its most suitable habitat in the north temperate zone and upon dry sandy soil on the open prairie. It seems to demand *dryness, cold and abundance of air*. It is a hardy plant and blossoms about Easter time. There is more than an imaginary resemblance between this plant and the individual over whom it exerts its most potent influence.

Many of the ailments calling for this remedy are functional in character and dependent upon a peculiar susceptibility to *heat, dampness, poor ventilation, and improper nutrition*. A correction of the abuse will tend to alleviate the *suffering* incident thereto and the indicated remedy will remove the *susceptibility*.

Pulsatilla acts upon the spinal cord. It may be considered in the light of an *irritant*, affecting both *sensory* and *motor* centers. Its phenomena will be best understood when studied along the line of *reflex* action. Not only are the pains of a shifting character but much of its pathogenesis is due to primary irritation in some part remote from the seeming seat of disease, e. g. sick headache due to some derangement of the stomach or sexual sphere; orchitis following mumps; nausea, vomiting etc., due to irritation in the uterus; suppression of menses from getting feet wet; asthma from gastric irritation etc., etc.

Being an *irritant* instead of a *stimulant* there is no *deep seated* inflammation, consequently no tendency to *ulceration*. On the contrary the inflammation is very superficial and is limited to tissues having a large *venous* distribution. It is for this reason that we find the *mucous* membranes of the entire body a fav-

orite location for the action of Pulsatilla. Bear in mind the fact that oft times there is no seeming connection between the local manifestation of the disease and the exciting cause and you will see the importance of looking beyond the apparent cause for the true explanation.

To the *sensory* irritation do we attribute the reflex sensations. The derangements of nutrition must arise from a peculiar action *upon* the *sympathetic ganglia* *through* the *sensory* centers of the spinal cord and the *pneumogastric* nerve center in the medulla.

The *motor* nerves receive their impulse from the *sensory* and give the characteristic *twitching, jerking*, and other slight *motor* perversions.

You may lay down as a general characteristic that there is no marked fever which accounts for the usual absence of thirst. The *chilliness* which becomes on of the *peculiar* "key notes" of this drug, is a *sensation* associated with the *pains* and has little or no bearing upon the temperature of the patient. The same may be said of the *heat*. It feels hot to the touch, but the temperature of the body does not correspond. The changable character of the drug appears in this as in many other phases of its action.

Another prominent characteristic that must not be misinterpreted is the disposition. Pulsatilla will have little effect upon a strong willed, positive disposition. Its action isn't powerful enough to affect such an one in the ordinary dose of the provings. It requires a mild, gentle disposition who is naturally sensitive to slight impressions. If to this may be added a slow phlegmatic temperament we have an ideal subject for the action of Pulsatilla. Its adapt-

ability to women is due to the fact that we will find a larger proportion of this type among women than among men.

The mental picture of Pulsatilla is one who is easily affected; sad and despondent; cries easily; peevish and fretful but never gets angry—bursts into a flood of tears without any vehemence. Wants sympathy. *Nux vomica* is cross and irritable; gets angry and is ready to fight. *Chamomilla* has even greater vehemence than *Nux*, but doesn't last so long. *Sepia* bears a stronger resemblance to Pulsatilla. It has the mild, tearful disposition, but the depression is more deeply seated. There is greater irritability and the tendency is toward indifference. *Natrum mur.* has the mental depression with inclination to weep but *wants to be alone*. Sympathy aggravates the trouble. *Ignatia* may be thought of in this connection but the sadness is purely mental and not due to causes in remote parts of the body. *Grief* that must be concealed explains the sadness. The weeping is never made public. Desire for sympathy is common to the great majority of sick people, but aggravates from sympathy is peculiar and therefore should be studied. In this latter list will be found *Bell.*, *Calc. ph.*, *Ign.*, *Lil. tig.*, *Nat. mur.*, *Plat.*, *Sepia* and *Silicea*.

Under Mildness we have:

*Acon.*, *Arn.*, *Ars.*, *Bor.*, *Cact.*, *Calad.*, *Calc. c.*, *Cina*, *Cocc.*, *Ign.*, *Lil. tig.*, *Lyc.*, *Nat. m.*, *Nit. ac.*, *Phos.*, *Puls.*, *Rhus t.*, *Sep.*, *Sil.*, *Spong.*, *Stram.*, *Thuja*, *Verat. alb.*

Weeping, tearful mood etc.

*Acon.*, *Alum.*, *Ant. cr.*, *Ant. tr.*, *Apis*, *Aur.*, *Bell.*, *Bry.*, *Cact.*, *Calc. c.*, *Carb. veg.*, *Caust.*, *Cham.*, *Chel.*, *Cic.*, *Cimic.*, *Coff.*, *Cup.*, *Ferrum*, *Graph.*, *Hepar*, *Ign.*, *Iod.*, *Kali bi.*, *Kali brom.*, *Kali c.*, *Lil. tig.*, *Lyc.*, *Nat. m.*, *Nit. ac.*, *Nux m.*, *Nux vom.*, *Pallad.*, *Phos.*, *Plat.*, *Puls.*, *Rhus t.*, *Sep.*, *Sil.*, *Spong.*, *Staph.*, *Sulph.*, *Verat. alb.*

This ought to give you an idea of the remedies that must be studied before you can trust to any "key note." It

ought to convince you that the mental picture is only one of the necessary factors in the selection of Pulsatilla.

Of far greater importance is its action upon the process of *nutrition*. A mild gentle disposition offers the least resistance to the invasion of disturbing influences. It is the poorest heritage a child can receive from its progenitors. There can be no vigorous struggle until the vitality has been raised to a higher plain. Such a temperament must be constantly on its guard and has little opportunity for aggressive efforts without the aid of the wise physician. Many of the conditions calling for Pulsatilla are due to a relaxation of the eternal vigilance necessary for health or an ignorant violation of the laws of nature. We have perverted taste, improper food, impaired nutrition—*anemia*. The persistent abuse of Pulsatilla will bring about a similar condition, hence its wide indication in the treatment of the sick.

**Anemia.** We find a large number of remedies capable of producing anemia, but their pathogenesis differs from Pulsatilla, so we need draw comparisons with but a few for the purpose of making the indications for Pulsatilla more clearly marked. You may study:

*Ars.*, *Calc. ph.*, *China*, *Ferrum*, *Graph.*, *Kali c.*, *Merc.*, *Nat. m.*, *Nit. ac.*, *Nux vom.*, *Phos. ac.*, *Phos.*, *Pib.*, *Puls.*, *Rhus tox.*, *Sep.*, *Squilla*, *Staph.*, *Sul. ac.*, *Sulph.*

**Chlorosis.** So closely is chlorosis related to anemia that we show by comparison the value of the following remedies:

*Act. ac.*, *Ars.*, *Bell.*, *Calc. ph.*, *China*, *Cocc.*, *Ferrum*, *Graph.*, *Lyc.*, *Mang.*, *Nat. m.*, *Nit. ac.*, *Nux vom.*, *Phos.*, *Plat.*, *Pib.*, *Puls.*, *Sep.*, *Sulph.*

Pulsatilla never produced anemia. Proving has established the order of procedure, that would indicate the selection of Pulsatilla as a curative agent

and knowledge of these indications will make the differentiation easy. Low spirited, cries at any interruption or opposition; weak digestion with frequent nausea < before and during menstruation; scanty, irregular and painful menstruation; thick, bland muco-purulent discharge from all mucous surfaces exposed; venous varicosities which cause distress in warm, illy, ventilated rooms; desire for cold air; chilliness associated with hot flashes; sensitiveness to dampness; great weariness moving with desire to lie in bed—*the longer she lies in the morning the weaker she gets*. Very frequently indicated after a long course of treatment with *Ferrum*.

*Ferrum metallicum* is not given because of deficiency of iron in the system. Tendency to sudden erethism, with violent throbbing followed by extreme prostration—flushing of face—cold extremities—< least excitement; easily excited or irritated; extreme dislike for nourishing food—especially for meat; mucous membrane pale; menses profuse but watery; blood thin and watery.

*China* is another sheet anchor of the old school for anemia, but we have, no use for it in this direction except when there has been frequent or prolonged loss of the fluids of the body—hemorrhage—exhausting diarrhea or debilitating sweats.

*Calcareo phos.* follows well after *Cinchona* in the anemia or chlorosis following wasting discharges, but its great indication is for children and especially school girls approaching puberty. They are nervous, restless, discontented, indolent, fretful; depraved appetite with peculiar cravings; face pale or sallow; circulation somewhat similar to *Ferrum*; sensitiveness to both dampness and draft.

*Cyclamen* most closely resembles *Pulsatilla* in anemia. It is difficult at

times to differentiate. The mental, digestion and menstrual disorders are very similar. The weariness appears early in the proving, hence must have a nervous origin instead of being true anemia. It covers the mental as well as the physical sphere. There is one marked distinction—*extreme sensitiveness to cold*.

*Graphites* resembles *Ferrum*. The patient is always cold either in the house or out of doors. There is the tendency to hot flashes about head and flushed face and the throbbing throughout the body when lying down. The blood is thin and watery. Menses are late and scanty and the mental condition very closely resembles *Pulsatilla*. There is more or less catarrhal trouble but the discharges have a tendency to irritate and are less profuse. Two great distinct characteristics must be noted: *tendency to obesity and chronic skin diseases*.

*Sepia* will be thought of in anemia in connection with *Pulsatilla*. We have the tearful, despondent disposition, nausea, leucorrhœa, scanty and irregular menstruation, disturbances of circulation with hot flashes and cold extremities and great exhaustion in the morning; but there is great irritability or extreme indifference, sensitiveness to cold, relief of stomach symptoms by eating, excoriating leucorrhœa with sensation of prolapsus.

*Natrum mur.* must not be forgotten in this connection. It has the tearful disposition but consolation only increases the weeping. There is great emaciation with profound exhaustion. Almost unquenchable thirst with hunger that fails to satisfy. Menses late and scanty if not entirely suppressed. Circulation resembles that of *Ferrum*—easily excited with throbbing and palpitation. The blood is defective in red corpuscles.

*Kali carb.* strikes at the very foun-

dation-head of anemia. It acts directly upon the blood cell, destroying that element in the red corpuscle upon which the process of oxidation depends. The fibrin of the blood is less coagulable although increased in quantity. The tendency is toward lowering the blood pressure through its action upon the heart. This is made manifest by the following symptoms: Chilliness. *Continued internal chilliness*; sensitive to least exposure to cold air. Blood is thin and colorless. There may be a tendency to local congestion with fullness, throbbing and vertigo, but practically no fever. There is a very troublesome backache and the usually profound weakness found in the proving of the potassium salts.

Preceding the anemia and leading up to it is the impairment of the venous circulation. Anything that favors relaxation of the muscular walls of the veins contributes to the phenomena calling for Pulsatilla. We find tendency to passive congestion a prominent feature of the proving. Through the nerve disturbance the *right* heart seems to be involved instead of the left and the same reduction in power is manifest in the veins and capillaries, while the left heart and arteries are unimpaired. The irritation not profound enough to keep up a persistent action hence the *changeableness* of the symptoms. The left heart forces the blood into the lungs and throughout the body. The relaxed capillaries and veins allow it to accumulate until it is finally carried back to the heart. The veins have capacity for the entire volume of blood, hence the ease with which a sluggish circulation may be brought about. This explains the flushes of heat; the desire for the stimulation of cold air; the invigorating effects of the cold bath; the sore bruised sensations throughout the body with sensitiveness to pressure; the

palpitation of the heart; the tendency to varcosities; passive hemorrhage; vicarious hemorrhage from nose or lungs; sleeplessness during early part of the night; desire to throw off the covers at night; absence of fever; thirstlessness; constipation.

*Lilium tigrinum* must be thought of in this connection because it has a number of symptoms in common; but you will discover that it has a more positive and direct action upon the pelvic region. There is venous congestion but its fullest expression is in the tendency to *prolapsus uteri*. The patient feels the need of *external* support.

*Sepia* also comes to our notice, but like *Lilium tig.* will have fuller consideration in connection with the sexual sphere.

*Arnica* however must be compared at this time because the soreness of the muscles are due to similar causes differing only in degree. Mild cases are often mistaken. The capillaries seem to feel the brunt of the action of *Arnica* upon the circulation. There is an *active* dilatation of the small blood vessels which favors rupture and extravasation of the blood resembling traumatic conditions.

*Hamamelis* is similar to *Pulsatilla* in varicosities, only more frequently indicated. The varicosities resemble those produced by force or obstruction, hence are more painful and larger.

**Mucous membranes.** The action of *Pulsatilla* upon mucous membranes follows as a logical sequence the general venous stasis. There is venous engorgement with slight inflammation. At first secretion may be thin and acrid but in a short time the character changes to the typical, *thick, bland, yellow or yellowish-green* discharge.

In the region of the *eye* we find a number of media which bring out a number of valuable points for differentia-



tion in the study of the catarrhal symptoms, e. g. dryness with sensation of sand while reading; itching and burning of margin of lids; stytes; lachrymation in open air; agglutination of lids in the morning; dimness of vision from mucus over cornea; small, superficial ulcers in cornea; sensitiveness to light; amelioration from cold, cold water etc.

**Argentum metallicum** has the sensitiveness to heat and the relief from

cold applications. There is more intense congestion about the canthi which may stand out like lumps of red flesh and the mucous discharge is less. It follows in cases that seem to call for Pulsatilla, but time proves to have had a deeper origin. Is very frequently used by the "old school" in ulcerations of the cornea and granular conjunctivities.

### TEA—A REMARKABLE EXPERIENCE.

JAMES W. HINGSTON, M. D., CHICAGO.

PROF. OF MEDICAL AND SURGICAL DISEASES OF WOMEN, DUNHAM MEDICAL COLLEGE.

In the fall of 1899, after a delightful summer spent on the northern Michigan shores, I was boarding in a private family, the good lady of which, knowing my fondness for tea, supplied me twice a day with a decoction of choice Ceylon (my favorite) of a strength equaling the proverbial article that would bear up an iron wedge. Sometimes I modified it with hot water to the taste of a connoisseur. Sometimes I called for the cream jug and softened it to a smoother flavor. Two small cups were my average at each sitting. For breakfast I took an equal quantity of coffee of no poor strength. After two full months of the pleasures of these indulgences I began to have headaches, which grew constantly worse for a month longer, till the middle of December. These headache were characterized as follows:

Three to five days out of each week a dullness all through the head would commence soon after breakfast, increasing as the day advanced. Nearing noon, or sometimes not till near the middle of the afternoon, a dull ache would appear in the right occipital region, in a spot seemingly as large as a half dollar. Most days it would be no more than this. But about once a week this pain would gradually become severe and extend over the entire right side of the

brain, till by evening I would be suffering all the agonies of hemicrania. The pain was markedly worse from motion, a hot room, cold applications or cold air upon the head, when lying on left side, from mental effort, and *after eating*. Better *while eating* (almost relieved, but to become worse than ever a half hour after), from perfect rest, lying on the right (painful!) side, hot applications (hot water bottles about the head gave entire relief in 30 to 90 minutes) and by sleep.

Accompanying these symptoms would be nausea without vomiting, increasing as the pains increased, but with no loss of appetite. The nausea, as the headache, much relieved while eating, and much aggravated after.

After some time of this, each week being worse than the preceding, I became impressed that tea or coffee—or both—was producing this train of symptoms. I stopped both at once. In ten days every suggestion of distress in the head had vanished. However, before all head pains had dissipated, there came a pain in the lumbar spine and legs. This, too, was an ache, commencing deep in the small of the back, extending down the entire length of the limbs, and as if next the bone. Worse when quiet, and extremely aggravated when, while

sitting, I would bend forward to my desk, so that I was compelled to sit close and lean back. This aching was wonderfully relieved by motion, so that I was compelled frequently to walk about, both day and night. Co-existing with the ache, was a restlessness in the legs that was as intolerable as the pain. At night, what from the aching and what from the nervousness of the limbs, I slept but poorly. In order to get to sleep I would keep a leg (was not necessary to move both) moving up and down till I would lose myself, or the leg would cease from exhaustion, only too frequently to have the distress come again before slumber closed my eyes, when I would again and again repeat the process.

During the day when walking, though the pains were relieved, there was a sense of insecurity or uncertainty in the step, especially when necessary to step up or down at the crossing of a street.

There was also a sense of weakness of the muscles. But it was only a *sense* of weakness or uncertainty. For I never slipped or stumbled, and the legs were capable of a sprint to catch a car. Yet there was always that *feeling* of uncertainty and as if the legs *would not* have the strength for this or that. I must say, however, that I did tire more quickly than was my wont.

These symptoms lasted severely for ten days. Gradually during the next two weeks they subsided, till at the end of that time all had disappeared.

I was now feeling pretty well. However, within another ten days, after going to bed quite well at ten o'clock, I awakened at midnight with a chilliness that increased to a positive chill after arising to urinate, which was painful.

It is but fair to say here that I had been troubled with some urethral and vesicle irritation of a mild nature and non-specific character, but nothing like nor approaching that, a description of

which is to follow.

The chill was followed by a moderate fever and temporary loss of appetite. On the second day after the chill I resumed my duties, and on that night went to bed, as I thought, practically recovered. At six o'clock in the morning, after a fair night, I was taken with a severe chill that lasted two hours. Following came a high fever, vomiting, diarrhoea, cystitis, lasting, not only days, but weeks. Finally the gastro intestinal symptoms subsided, but the bladder trouble, which proved to be more spasm than inflammation, continued unabated. Indeed, it grew worse till urination was impossible except in a standing position, leaning forward. In this condition I was taken to the Streeter Hospital. There developed a rheumatic peripheral neuritis of the nerves supplying almost all the muscles of and about the right shoulder. The pains were intense, especially in the deltoid. The same old ache. (I will say here that the bladder, urethral and prostate pains—the last excessive—were also of the same character). The pains in the shoulder and arm were worse at night, especially from 12 to 4, and by *lying down at night*. Better in the day and by sitting up, so that all my sleep for many days was got in the sitting posture. The bakeoven at a temperature of 250 to 300 would give absolute, but only temporary relief, lasting often less than an hour. Moderate heat did not relieve. Cold did not aggravate, nor did it relieve.

Without going into details of treatment, which would lengthen this article beyond allowable limits, suffice only to say that conditions had become quite bearable except the pains in the deltoid. These had stubbornly resisted everything tried. In this condition I left the hospital. Twenty-four hours later, after a self-study of my case, I took during the afternoon three doses of *Pulsatilla*<sup>55</sup>

That night, as I have every night since, I lay down to sleep; and I have had no twinge of pain in all the months following, save a suggestion when I had sometimes tired the arm while yet very weak (for it must be known the shoulder muscles were left so paralyzed, that I could scarce raise my elbow from my side, and their strength is not yet fully restored), and when reproduced as hereinafter mentioned.

Now, my good readers, you are asking what has all this to do with tea, and how do I know it has anything to do with it. Be patient. I am near the end of what I admit is a pretty long tea story, and what, in much, seems rather irrelevant to a delicious beverage indulged in by so many persons.

I am not going to tell you that all the symptoms I had during these many months were due to tea. But I am going to demonstrate to you, I hope, as I did to myself, that many of them—the most peculiar—were. Those who know me best, I believe, will agree that I am not one to jump at conclusions. Nor did I here, for I was in as much doubt as yourselves.

It is now two years since the commencement of symptoms. For more than a year I drank no tea or coffee. Then it happened that I was so situated with friends, that it was more pleasing than not to drink tea. Within ten days and without thought of it, the old head symptoms returned. Before they became severe I discontinued the tea. The distress promptly stopped. Then came the same back and leg distress, but also in a mild form, and going away within a week.

Once after, the same conditions were repeated, but on this latter occasion more severely. Besides the regular distress in the head, back and legs, there came considerable aching in the deltoid, with a marked increase of the weakness of the shoulder and arm. As before, all symptoms gradually subsided on the cessation of tea drinking.

I was not satisfied. The questions arose: "What part, if any, did coffee play in the original symptoms?" "Were these characteristic symptoms of tea?" "Would coffee drinking produce the same conditions?" Without the express intention of proving anything, but conceiving the possibilities on two separate occasions when it pleased me to do so, I proceeded to indulge in a cup of coffee once or twice a day. There followed not the least of the nervous manifestations heretofore described. That sufficient coffee on each occasion had been taken to effect me was demonstrated by it reproducing or aggravating (which it always does when taken continuously) a gastric neuralgia. I leave it now for you to pick out the tea symptoms if you are convinced there are any, or to verify them by further provings. I have no desire to pursue the investigation, and even my love of humanity will not impel me to undergo further suffering along these lines.

I desire to state further, that during even the severest of the long sufferings, there was less irritability than usual, and that the prescription of *Pulsatilla*, that gave such immediate relief from pains that had lasted weeks was based upon an analysis of my own mental symptoms.

## PULSATILLA VS. SULPHUR.

JULIA C. LOOS, M. D., HARRISBURG, PA.

October 5, 1900. Helen B. G., 14 years.

Helen was a delicate child, weighed four pounds at birth and for nine months was starved because of unsatisfactory food. She has had measles, whooping cough and grippe and has never been strong.

Cough—rough, rattling, without expectoration, sounds bronchial, this has lasted several weeks since her return from the country, had a similar cough summer of '99, which was treated in the winter with >, irritation felt in lower chest or behind sternum.

Respiration—sense of “not enough air” in breathing, wheezing, paroxysmal.

Limbs weak, trembling; aching in shins and knees < in winter.

Appetite poor in morning; never hungry, but complains of faintness in epigastrium, for which she must eat, about 11 a. m. > this summer.

Dislikes eggs—averse to meat.

Fond of vegetables, potatoes, sweets.

Drinks water continually.

Malaria in infancy and until the past four or five year, every two or three weeks while at home.

Languid, no appetite, burning fever (“easily broken”)

Constipation at times.

Urination frequent.

Cold—at times “like ice”—must have wraps.

Hands and feet cold; feet hot at night toward morning.

Alternately warm and cold.

> warm wraps.

Perspiration down back and in axillæ in warm weather.

Menses last November, in May and September.

Flow profuse < night.

Pain cramping; sacral backache at last period.

Sleep sound, late going to bed. In infancy usually awake till 5 a. m.

Sleeps late—not ready to rise in morning, lies quiet.

Tired always; one day so tired she broke down in tears.

With most attentive questioning no further symptoms could be gleaned either general or particular. Otherwise she was “all right.” The asthmatic cough was the only thing that occasioned her parents any concern. Like many another indefinite case there were present suggestions of *Sulphur*—in her *forenoon emptiness, the morning languor after sound sleep, the hot feet at night*. No other remedy appeared more definite and the prescription was made.

*Sulphur*<sup>cm</sup> six hours.

Oct. 29. Two days after first visit felt pretty bad, then felt better than for a long time, until a change to cold weather on the 10th. She spent the 11th in bed with coryza and general aching and has been gradually improving since. Feels brighter, more active; symptoms improved; pain in legs, cough and appetite.

Menses on 19th painless. Had a trip to the mountain the following day without fatigue.

Crying spell a week later without apparent cause, preceded by a “queer feeling;” came on during a class recitation; desired to be let alone. This spell lasted all day with coldness. Expression of face was quite altered; darkened circles under the eyes.

Continued six hours.

Limbs weak after crying spell.

Jan. 7, 1901.

Has been improving. Had *Sulphur*<sup>cm</sup> Nov. 22.

Menses absent in November; last month came without trouble.

Cough little of late—especially, past two weeks (cold?).

Expectoration yellowish, lumpy, frothy.

< first lying down < morning on waking < while lying.

> cold drink.

Head pain in vertex > lying or sitting.

Later this pain seemed to go to left shoulder, then to chest.

Chest left side, pain on coughing; catching, on respiration lying on painless side.

Thirsty.

Tongue yellow coated, red tip.

< damp weather.

Voice sounds hollow.

Nose—profuse discharge, thick, lumpy, greenish-yellow.

Repertory gives for (1) *Yellow green discharge from nose* and (2) *Cough lying down* (1) MERC., PHOS., PAR., PULS., RHUS., SABAD., SARS., THUYA, (2) MERC., PHOS., PAR., PULS., RHUS., SABAD., SARS., THUYA, (the only remedies found in both lists).

Taking into account the earlier records the prescription was made.

*Pulsatilla*<sup>10m</sup> aq. three hours.

Jan. 19.

Gradually improved since last report.

Chest soreness in left side remained for a few days with cough.

Cough excited by tickling in throat; sensation of hair on right side.

Eyelids agglutinated two mornings with pricking like needles.

Thirsty.

Perspiration offensive; yellow stain.

Continued six hours.

Tongue coated yellow several days.

Legs pain, first since December last.

By the end of two weeks more there was nothing left of the "Grippy cold." Complained of headache frontal, and weariness < three-four p.m. One week later, with this weariness and headache had more *Pulsatilla*<sup>10m</sup> and again Mar. 30th and June 1st. Has complained of practically nothing but a tendency to delayed menstruation. Bowels regular usually, whereas she used to use frequent enemas.

The progress of this case during the acute spell of sickness in January shows that whereas *Merc. sol.* might have fitted better into the acute condition, the constitutional remedy, then for the first time recognized in her symptom image, carried her through the acute spell, a little less promptly finished though it was, and at the same time took hold of the deeper chronic state and turned that into order. Even so the patient was unable to be about only for a few days and her parents said she recovered more satisfactorily than from her former sicknesses. Now there is no trouble from the asthmatic condition, an occasional single cough being the only remnant left.

The patient had an asthmatic cough when she came but it was not the cough but the patient was treated, the indications for the remedy found in her general state and little desires and aversions. She has grown tall, has no suggestion of "delicate health" in her appearance and is going happily and comfortably into womanhood.

## CORYZA.

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Coryza, or a cold in the head, is, primarily, a disease of the mucous membranes lining the respiratory organs. Coryza may attack any one at any age, in mild or severe form, according to the age and general health of the individual, and the conditions of weather attending such an attack. Persons of weak digestion, mal-nutrition, or those who eat a poor quality of food, those subject to constipation, sluggish circulation of the blood, very nervous people and those scantily or overclothed, and persons exposed to sudden and extreme changes of temperature are liable to colds. Again, persons in whom the psoric or syctic miasm is decidedly marked are predisposed to diseases of the respiratory organs—nose, ears, throat and lungs. Certain seasons, and certain climates and altitudes; certain latitudes and degrees of wind and moisture predispose the inhabitants to attacks of colds.

**Sensations and Symptoms.**

To understand some of the sensations attending an ordinary attack of cold, it is necessary to understand, first, the normal or healthy functions of the mucous membranes. In a state of health the mucous membranes are perpetually *moist*. Now, the exhalation of this moisture, to a certain amount, and not beyond that amount, constitutes an essential part of their healthy functions. Coryzas are attended with a certain amount of inflammation. This inflammation of the mucous surfaces alters their ordinary secretion. Hence an inflamed mucous membrane is in the first instance *dry*; its secretion is suspended. As the disease progresses these membranes become timid, swollen, thicker than before. They also become more

highly colored, more sensitive, their sensibilities undergo perceptible modifications. Pain is not always a common symptom, for the reason that their textures enable them to expand freely so that much tension which would naturally ensue is avoided.

The natural sensations, however, are blunted, and there arises a sensation of heat, fullness and itching. Indeed, the very first sensation is that of dryness—preternaturally dry—so dry that one can scarcely breathe through the nose; it is stuffed up; not with accumulated mucous but by the swelling of the mucous membranes; the sense of smell is perverted or lost; the passages leading through the nose to the throat become sensitive and irritable and often the slightest contact with cold, air or very warm air, sets up a violent attack of sneezing. The frontal sinuses often become affected; there is headache or severe dullness in frontal parts of the head. The cold may pass through the lachrymal sac and produce profuse lachrymation, or pass into the eustachian tubes producing a greater or less degree of deafness.

The attacks are usually ushered in with yawning, aching in the back and limbs, marked chilliness, and slight tendency to fever as night approaches. The mucous membranes that were dry begin to secrete a watery fluid that may be bland or excoriating, affecting the nose and eyes or the one and not the other; the eyes or the nose, or both, may become highly inflamed and sore. By degrees this serous fluid becomes thicker, less irritating, often changing in color from a white transparent viscid mucus to a yellow, green, or yellowish-green, ropy, or lumpy, or sticky mass, which

if not cured may turn to hard, scabby clinkers, or the membranes may become severely dry and the patient drift into chronic catarrh of the nose. Or these secretions may decrease by degrees, the swelling and inflammation subside and the individual return to normal health. Enough of this let us turn our attention to relieving the sufferer.

#### Treatment.

Since the distemper is so universal, and the symptoms very much the same in all persons, why not prepare a universal remedy for all alike and thus cure a malady that so often results seriously? Though the distemper is so universal, and the symptoms that characterize the disease rather similar, the individuals are *not* alike, nor are the conditions which provoke a cold alike, nor are the constitutional predispositions of all persons alike; and for these reasons, and many others, no universal remedy can be found for the malady. Well might we try to make a wild goose lay a tame egg, or cause a leopard to change his spots as to attempt such a task. Why are the discharges from some people so very acrid that nose, lips and chin become red and sore from contract with these discharges, while others are as bland as the waters from heaven? Would the remedy or treatment for one suffice for the other? Let us admit that Quinine, Dovers powders, mercurial cathartics, laudanum, the diaphoretics, etc., suppress the cold for the present. Just as sure as the sun rises and sets, a continuance of such treatment will predispose the victim to repeated attacks of the malady, cause more or less debility and often lay the foundation for serious and not unfrequently fatal disorders.

Each individual must, even in such an acute disturbance as a common cold be treated according to his individual needs, and not by so called "cure alls."

Suppose his cold has come on suddenly, attended with great dryness of mucous membrane and skin, high fever, hoarse and croupy cough, great anxiety. We know at once that *Aconite* is his remedy. Suppose the attack is slow and insidious, the patient very tired, face red and apparently swollen, headache preceded by attacks of difficult vision, slight fever, and we think of *Gelsemium* especially if it is in summer.

Suppose attacks of cold came on with every change of weather from warm to cold or dry to wet, with watery discharge from the nose preceded by a very severe headache etc. who would not think of *Dulcamara*? and so on with *Arsenicum*, *Bryonia*, *Rhus.*, *Nux vomica*, *Pulsatilla*, *Belladonna* and many others that might be indicated.

But how will you know just what remedy to prescribe? Just as the merchant knows what sized hat to look for when he sees the size of your head, without asking many questions. It is every physician's duty to "be on to his business." He should know his remedies and their peculiar freaks and virtues, just as he knows his patients and their peculiarities, and this done, and *well done*, he will become a great blessing to any community.

But will not these remedies produce systemic disturbances and cause future ills the same as huge doses of quinine, Dovers powders etc.? *No, NEVER!* When properly administered they become remedial agents, restoring diseased individuals to a normal condition of health—they will do it surely, easily and thoroughly and leave him there until other forces undermine his physical economy, necessitating one of these or some other remedy that may be indicated in his case.

## CLINICAL EXPERIENCE.

[Dr. T. C. Duncan kindly permits the printing of the following letter from a former student of Dunham.—EDITOR]

Knowing well how proficient you are in diseases of children, and as I have under my care since this morning a child of nine that has already baffled all physicians called to see him, I have thought of writing to you that I may get some light on the matter. The boy was fat and plump when a baby, began to walk at 15 months with bow legs. Had measles before the whooping cough. Had the latter over three years ago with epistaxis at each paroxysm. He got over the whoop, but soon after developed what he now has. He has recurrent attacks of false croup. (I call it so!) They come on mostly any time, nights too, and in any season of the year. The mother thinks that a change in the weather has some kind of influence upon the trouble. The attack may occur at any time at night. He rattles and chokes, suffocated as he is, the sides of his neck swell up, he becomes red like fire in the face, and struggles and wheezes and coughs croupy and moist. He says it hurts him in the *chest* along the pipe and large bronchi; never complains of his throat. Then when the attack is done, he falls into a refreshing sleep—generally breathing through his mouth with rattling for three to four hours and wakes up tired, but all right again to play as usual. He is sick so for three to four nights, or less or more in succession and during that time his appetite is poor, I mean during the days following the night attacks, then his appetite is poor. When sick at night if he drinks he cannot breathe through his nose while drinking.

Chronically the child wakes up frightened at night, he sees animals, people that scare him, and struggles frantically;

no kind word can quiet him then.

Days he startles easily at any sudden noise of which he is unaware. In a carriage he is often afraid to fall off, < if carriage inclines more to one side than to the other as if it jerks suddenly. Child is of a nervous temperament. Mother fleshy, father subject to cold in his lungs. Child sweats at night and is afraid in the dark.

Yesterday I put the child on *Borax*<sup>1m</sup> on account of his chronic symptoms. But truly speaking I thought of *Calcareæ carb.* I prescribed on what the mother told me for she had called to see me and get some medicine for herself. This morning at 6 o'clock I was called to see the child who had been rattling all night long but without suffocating, and found him sleeping soundly when I got to the bedside. He got the *Borax*<sup>1m</sup> two doses last night. But the night before he had been rattling also. I have not given anything to the child this morning. He did not sleep at all last night. Whenever he is disturbed nights his head aches. Complains of headaches often during the day, but he pays no attention to it. Drinks lots of milk and likes meat a great deal. Since those attacks of croup began, the child is no more plump, although he looks healthy and full of life. His hair is brown now. Lately the attacks seem to be worse 4 to 5 a. m. Do you really think that *Calcareæ* would prop him up and cure him? I am sure the case is curable. You will kindly tell me what you think about it, for I want to cure him and radically. Child never coughs. He would be all right but those attacks of croup which occur too often, and those of fear in sleep which happen most every night. I have not seen him as yet in any of such attacks, but father and mother say it is something awful,



and they naturally are afraid to lose him for he is the only child they have. The physicians who have treated him, and they are many, say that he will never get over it. I have given a more favorable prognosis.

Well, Doctor Duncan, this place is all French. The country is rich and seems to be healthy. I must confess though that mostly are children suffering from chronic nasal troubles, and as I believe the climate is the cause of it. I wish I knew of some remedy to cure them all. The air is dry but the nights are cool and damp. That might account for it. Give me a hint as to that. I am sure you can.

Homœopathy is a great thing. It works better than allopathy. A 20 year standing case of dyspepsia in a climac-

teric woman has been cured with one dose of *Carbo. veg*<sup>1m</sup>. I am oftentimes puzzled as to the right remedy, for I know nothing as yet about homœopathic prescribing. But every remedy I have given until today has worked well. One dose of *Ant. tart*<sup>1m</sup> has made a new man of an 84-year-old fellow. Another of *Sepia*<sup>1m</sup> has cured all the pains a woman of 53 years had in her head and legs and set her mind condition straight, and her double cataract begins to fade away. Well you know there is no allopathic prescription that can do that in a century. And again people like substances that are not nauseating.

\* \* \* \*

I am respectfully yours,

R. DEL MAS.

Centreville, Minn., June 19, 1901.

#### A TEST CASE.

In 1889, Dr. S. E. Chapman of Napa, Cal., sent a hypothetical case to an equal number of the "regulars" and members of the "Homœopathi~" school. The result was published in the *Medical Advance*.

At the request of the editor of the *Medical World* of Philadelphia, the doctor sent in another case—whether hypothetical or not is immaterial at this time—which was published in the August issue of that magazine.

The following is the "case" with some of the replies that appeared in the September issue. The perusal of the same will be of interest to our readers and at the same time furnish food for valuable reflection.

A large robust man aged 35 years.

Health always good until one week ago, when he sat in a draft while perspiring freely. A severe chill lasting one hour followed, ending in a high fever, dry cough, pleuritic pains in the *right* hypochondrium. The expectora-

tion became rust colored and very tenacious, adhering to the vessel like glue.

Status præsens (seventh day):

Great dyspnœa; must be bolstered up in bed.

Tightness of the chest.

Cough tight.

Expectoration scanty and difficult; thin and dirty looking; flying to pieces like batter when falling on paper.

Respiration fifty per minute.

Temperature 105 degrees.

Pulse 130, weak and thready.

Physical examination revealed hepatization involving nearly the whole *right* lung.

Now here is a man who must have help immediately or he will die. We do not need to quibble over the pathology or diagnosis. Every reader will recognize it a pneumonia.

As this case was proposed by a homœopath, and as homœopathic replies have been the most numerous, we will

proceed with them first. This will be an interesting peep into homœopathic practise. It will be seen that nearly all recommend the same remedy, *Phosphorus*. Drs. Solon Abbot, of Franklin, Mass., W. S. Hawkes, of Los Angeles, Cal., and T. G. Roberts, of Chicago, simply say that *Phosphorus* is the remedy, without saying anything about strength, dose or expected results. Dr. F. G. Oehme, of Roseburg, Ore., says "*Phosphorus*, 6th dil. or higher." Dr. E. T. Balch, of Santa Barbara, Cal., "*Phosphorus*<sup>30</sup>." The following contributors enter into fuller details:

Editor Medical World:—Dr. Chapman's case needs an infinitesimal dose of *Phosphorus*. In such a critical case I would give a single dose, and then wait and watch for further indications.

Waco, Texas. S. W. COHEN, M. D.

Editor Medical World:—Give Dr. Chapman's patient *Phosphorus*; because that drug has repeatedly produced similar symptoms in healthy people and clinically has proved it is small enough not to aggravate.

H. A. WATTS, M. D.

Portsmouth, N. H.

Editor Medical World:—In the test case of Dr. Chapman, I would prescribe *Phosphorus* in the thirtieth potency, ten drops in half glass of water. A teaspoonful to be administered hourly for two hours, and then every two hours. As soon as an improvement is noted, I would stop all medicine. The result expected would be an improvement in all symptoms, because *Phosphorus* is the similia according to its proving and the homœopathic law of cure. When the symptoms stated in the case change, another remedy is required to meet the new group of symptoms.

LESTER E. WALKER, M. D.

Norwich, Conn.

Editor Medical World:—Dr. S. E. Chapman's "test case" in August World, needs *Phosphorus* badly. He can give it in 30th, 200th or cm potency with perfect confidence of a cure, provided he does not repeat too often. After this remedy of course he must watch the symptoms to see if any change occurs demanding another drug. *Phosphorus* may complete the cure.

G. F. THORNHILL, M. D.

Paris, Texas.

Editor Medical World:—At the request of Dr. Chapman I will prescribe for his patient ill with pneumonia. *Phosphorus*, in my opinion, is the indicated remedy. I would give the 6th potency. Now for the benefit of our old school brethren: How is it indicated? It is indicated because when you get the physiological effect of the drug, condition will be exactly similar to that of the patient.

L. K. SHIPMAN, M. D.

New London, Conn.

Dear Dr. Taylor:—The patient whose symptoms are related in your August World needs *Phosphorus*. I prefer, because of experience with it, the 6x, one-grain tablet triturations. Would give this remedy *because it alone is the simillimum to the case mentioned*. Would prescribe thus:—

*Phosphorus* 6x trit. tabs. (gr. j each.

M. Sig.—One tablet hourly till better; then same dose every three hours till all O. K.

R. B. LEACH, M. D.

St. Paul, Minn.

Editor Medical World:—Give that man in Dr. Chapman's test case *Phosphorus*—any place from 3x to cm potency; but the higher you give it the quicker and better will be the results. He will improve on this, and when it becomes necessary to change the remedy, base your next prescription on the *totality of the symptoms*. What the indicated rem-

eddy will be I cannot tell you until the Doctor favors us with a report of the case.

Lafayette, La. R. B. RANEY, M. D.

Editor Medical World:—The remedy for Dr. Chapman's test case, page 343, August World, is *Phosphorus*. Any potency above the 12x will do; preferably the 200th, one dose dry on the tongue, remedy not to be repeated while improvement continues in the patient.

Incidentally, Dr. Chapman may be gratified to learn that an article of his appearing in the Medical Advance about 1889, a test *Lycopodium* case, first directed my attention to a serious study of the law of similars. He has, perhaps, labored better than he knew.

Austin, Tex. JULIA H. BASS, M. D.

Editor Medical World:—In answer to Dr. S. E. Chapman's request in your August issue, permit me to state that to me as a homœopath the treatment would be very simple and easily applied. No local applications should be allowed. Give the man plenty of fresh air and all the water he desires with milk for food. The milk must be given little and often. The medicine indicated in this case does not require any study because the symptoms point to it in a clear and unerring way. More than this, the symptoms contain one grand characteristic or guiding symptom viz: the expectoration flying to pieces like batter when it strikes the paper. Of all the 400,000 symptoms recorded in the homœopathic materia medica, obtained from nearly 2,000 remedies, there is but one remedy that has this symptom, and that is *Phosphorus*. I would prescribe it in the 200th potency, a small powder dissolved in six teaspoonfuls of cold water and one teaspoonful every two hours until better, then discontinue as long as the improvement lasts, when a single dose may be given and wait until that has ex-

hausted its curative power. In this way the remedies can be given until the patient recovers, or the symptoms change and therefore indicate some other remedy. In order not to mislead those who do not understand homœopathy, it becomes necessary for me to further state that I did not select *Phosphorus* because it had the one leading symptom, but because it has all the other symptoms as well; but this one is the peculiar or guiding; some call it a key note or key symptom because it unlocks the case to the prescriber.

Brockton, Mass. D. H. SWOPE, M. D.

Editor Medical World:—Allow me to prescribe for case of Dr. Chapman in August World. He wants *Phosphorus*. Give him the 30th or 200x, and yet if you must have the material dose use 2x. The better results will come quicker from 200th. Doctor, do not ridicule the potencies till you have tried them. I began with tinctures, and now use 30th. Usually use it at least in nine-tenths of cases, and results are better. Reason for this: The symptoms are found under *Phosphorus* so distinctly that to give another remedy would be (to a homœopath) criminal. The drug has produced these symptoms in provings, as vouched for before my day and generation, and I have relied on the drug in similar conditions never to have it fail, and in potency, for the last six years. The system will respond because the remedy is tuned to right key, and strikes the proper chord; and disease symptoms will be eliminated. Hence the result. For first symptoms following checking of perspiration; had patient been given *Aconite* 30th or 200x, there would have been no occasion for subsequent of *Phosphorus*. Reason: *Aconite* would cure the symptoms and thus the disease would be cured. Failure to get *Aconite* necessitates *Phosphorus* later.

Pottstown, Pa. A. C. SHUTE.

Editor Medical World:—In the test case outlined by Dr. S. E. Chapman in the August World, my prescription is *Phosphorus* 3x, 10 to 20 drops in 4 oz. of water, one teaspoonful every one, two or three hours until relieved. Later treatment determined by condition of patient and symptoms present.

Reasons: *Phosphorus* in its provings on a person in health produces symptoms similar to those present in this case. It is therefore the homoeopathic remedy. The dose and the frequency of repetition are matters to be determined by judgment and experience. One prescriber might give crude drug, another the 200th dilution; and both are curative, for both are homoeopathic to the morbid condition present in this case. The size of the dose has nothing—absolutely nothing—to do with the law of similia; but years of clinical experience has demonstrated that the successful application of law requires—demands—that the indicated remedy be administered in doses that will not fall short of producing its physiological effects.

JOHN B. MCBRIDE, M. D.

Zanesville, O.

Dear Editor:—I accept with pleasure the opportunity to prescribe for your pneumonia patient described in the August World. *Phosphorus* and *Phosphorus* alone will cure the patient. It may be given either in the lower or the higher attenuations. The 30c will cure him much quicker than the 3x.

Fifteen years since I would have prescribed morphine for the pain, strichnine and digitalis for the "heart failure," quinine to "support the system," with application of ice or cold water to the chest to control temperature. Then I should have given an unfavorable prognosis!

J. C. WHITE, M. D.

Port Chester, N. Y.

Editor Medical World:—I understand Dr. S. E. Chapman, in the August World, to simply call for the drug prescription for his case of pneumonia. His object is to show that we homoeopaths *have a law* to govern us in prescribing, and that when that law is understood and obeyed, all homoeopathic physicians are bound to make the same prescription in a given case. My prescription for the case in question is *Phosphorus* 3x, ten drops in a tumbler half full of water, a teaspoonful to be given every two hours.

Of course the prescription is based upon the *symptoms* as given, and while there are a number of drugs which have most of the symptoms, *Phosphorus* is the only one having the peculiar symptoms: "Expectoration flying to pieces like batter on falling." *Phosphorus* is also *particularly* indicated by "hepatization involving nearly the whole *right* lung."

JOHN Z. LAWSHE, M. D.

Atlanta, Ga.

Editor Medical World:—The following homoeopathic remedies are suggested for the case described by Dr. Chapman in August Medical World:

During the first stage, as described, *Aconite* would be the most useful remedy, especially during the first several hours. *Aconite* would greatly modify or abort this case of pneumonia, if it accomplished what we ordinarily expect, so that the late stage, as described by Dr. Chapman, would not occur. However, we frequently find *Bryonia* useful after the disease has become a localized inflammation, though symptoms for its use were not described in Dr. C.'s article.

For the last described condition, *Phosphorus* would be the remedy indicated and if it did not work quickly, *Sulphur* would be apt to aid its action; say a few doses of *Sulphur* 200th po-

tency as intercurrent remedy.

Those who are so scrupulous about material doses in their treatment ought to use the same diligence and demonstrate to us the exact size of the dose received by Dr. C.'s patient who sat in a draught that produced a severe attack of pneumonia. It is entirely unfair to require, in every case, material doses or definitely known quantities in the treatment of disease, when it can be demonstrated that many diseases, especially of functional nature, have immaterial causes. The truest that may be said here, is that disease may be caused and cured by the immaterial forces. No doubt the writer to *The World* who was so exacting in material dosage has in mind the drug force measured by grains, ounces, etc. Such knowledge is quite in place and essential when we are treating for primary or physiological results of drugs. This knowledge is utterly helpless when we wish to obtain the secondary or true therapeutical effect of drugs. This secondary action of drugs is hardly known beyond the homoeopathic field, since it is best obtained by means of the small or potentized remedy.

I have seen the 30th potency of *Opium* relieve obstinate constipation in 12 hours and regularly every day following, where previous to this time the nurse was compelled to give the patient high injections of hot sweet oil for relief. This was not Christian science, nor suggestion according to Hudson's Psychic Law. Neither I nor the patient, my wife, expected relief, at least so quickly and permanently as was afforded, through this unknown quantity of *Opium*, while the most laborious mechanical means was only able to palliate the condition. This was a secondary effect of the drug; the opposite effect being manifest when diarrheal evacuations are checked by the administration of large and material

doses of *Opium*, or when constipation is produced after *Opium* has been taken for any reason.

Contrary to favorable psychological conditions, many students and physicians put homoeopathy to the test with unbelieving hearts. I am one of this class. We have found splendid results. Others will find the same if they will only test the matter regardless of faith. Doubt, if you like, facts will convert you soon enough, if trial be made.

Chicago. E. CALDWELL, M. D.

Editor *Medical World*:—Referring to case of Dr. Chapman, in the current number of *The World*, would say the case, from a homoeopathic standpoint, calls for *Phosphorus*; and should be given in the 30th potency or higher. Better still the 200th!

C. G. SPRAGUE, M. D.

Omaha, Neb.

Editor *Medical World*:—A few weeks ago I subscribed for your journal for the remainder of the year, just to give it a trial, and I am so pleased that I want it sent to me regularly after the first of the year, and I will remit at the proper time. I enjoy especially the discussion of homoeopathy by members of your school. Also, get much that will be of real use to me from the articles written on other subjects. You are certainly to be commended in your effort to establish a more friendly feeling among the members of the different schools. I think what we need is to understand each other better.

Below is my treatment for Dr. Chapman's case, given in the August *World*: For first group of symptoms, give *Aconite* 3x, every hour. Cover chest with soft muslin jacket, opening on the side, or perhaps better would be jacket made by putting cotton batting between two layers of cheese cloth.

For second group of symptoms, or

those found on the seventh day, give *Phosphorus* 2x, internally, every half hour for six doses, then every hour. Use stimulants if heart sounds become weak or muffled. Diet, light but nutritious.

I hope that there will be a free discussion of this case, which can only result in good to all the readers of your splendid journal.

CHAS. E. SMOOT, M. D.

Richmond, Ky.

Editor Medical World:—*Phosphorus* is the remedy for Dr. Chapman's case described on pages 343-4, August World.

This remedy is selected from the homoeopathic indication of the characteristic expectoration. If any medication will save the patient, *Phosphorus* must be given.

C. E. WALTON, M. D.

Cincinnati, O.

Dr. W. H. Pulford, of Delaware, O., says that through a little earlier *Aconite* may have been called for, *Phosphorus* is now clearly indicated. He mentions the fact that the true homoeopath is far removed from polypharmacy, as shown by the use only of the single drug indicated.

## Medicine.

### DIFFERENTIAL DIAGNOSIS BETWEEN NERVE DISEASES.

E. R. MCINTYER, B. S., M. D., CHICAGO.

PROF. MENTAL AND NERVOUS DISEASES, DUNHAM MEDICAL COLLEGE.

(Continued.)

There are two classes of mistakes in diagnosis with regard to locomotor ataxia. The first is the more important because occurring in a stage of the disease when cure may be expected if proper treatment be applied. It is mistaking this disease for rheumatism or neuralgia.

The second is pronouncing every case presenting incoördination of motion, one of locomotor ataxia.

If for no other reason than scientific accuracy, these mistakes should not be made. They result in most cases, in forming opinions without adequate investigation of the history of the cases, or failure to properly interpret the symptoms of the disease in question.

*Locomotor ataxia* may be distinguished from *rheumatism* by the paroxysmal character, short duration and circumscribed extent of the pains. They are most frequently located between the

joints, and rarely attack the same area twice in succession. They have been described as "paroxysmal, fugitive and intense," while the pains of rheumatism are not paroxysmal as a rule, although much worse at times than others, and they remain in the same area, involving other parts by extension rather than migration. They are preceded by a chill in most cases, and accompanied by fever, while those of ataxia are preceded by a feeling of fatigue and uneasiness in the legs with more or less tingling and formication. Even at this early period of the disease, the reflexes are usually diminished or absent, and the Argyle-Robertson pupil may be detected, conditions not found in rheumatism in any stage.

I have known some, the best Homoeopathic physicians to treat locomotor ataxia as rheumatism until it progressed beyond the stage in which there is the

slightest hope of cure, rather than consult some one who knew something about the case. The general practitioner cannot treat nervous diseases successfully, however fine a prescriber he may be.

*Neuralgia* is a frequent stumbling block during the first stage of locomotor ataxia. But the pains of neuralgia follow the course of individual nerve-trunks, which are left sensitive to pressure, while those of locomotor ataxia radiate, are not confined to nerve-trunks, and are referred to the deeper structures; and those of neuralgia are superficial. In fact the pain of locomotor ataxia is really located in the spine, but referred to those parts in nerve relation to the part of the cord diseased.

There are no changes in the pupillary or other reflexes in neuralgia, and these are early symptoms in locomotor ataxia. It must not be forgotten that some cases of non-syphilitic locomotor ataxia present no pains at any stage.

A brief study of the difference in the manifestations of a few of those conditions that are mistaken for the second stage of locomotor ataxia may not be unprofitable.

*Multiple neuritis* has ataxia symptoms early, and rapidly developed. It may not produce pain, but usually does, while in locomotor ataxia the incoördination develops slowly. In neuritis there is motor paralysis, followed by atrophy, both of which are absent in locomotor ataxia. The pupils are normal in neuritis and the reflexes are not involved. In most cases of multiple neuritis we find a history of alcoholism, while in

locomotor ataxia this is not true.

*Cerebellar lesions*, produce vertigo, reeling like a drunken man, with vomiting. Speech and vision are involved frequently, and there are many other brain symptoms, none of which are present in locomotor ataxia. There is no involvement of the reflexes or changes in the pupil in cerebellar lesions, as found in locomotor ataxia.

*Meniere's disease* may be distinguished by the history of vertigo, nausea, vomiting, pale face, syncope in some cases, not infrequently preceded by an apoplectic attack. These symptoms are followed by noises in the ears and deafness. The vertigo differs from that of cerebellar lesion in that it persists when lying down, especially on turning the head.

In a short time the alarming symptoms pass off, leaving only the dizziness, noises in the ears and deafness. The reflexes are not affected as in locomotor ataxia, which has no brain symptoms.

*Multiple cerebro-spinal sclerosis* produces more of a tremor than true incoördination. It also has disturbances of speech, like cerebellar lesions, but no nausea or vomiting. It also produces mental dullness not found in locomotor ataxia.

It is well if we remember that coördination of motion depends on the integrity of the spinal cord, the cerebellum and the middle ear, and that incoördination depends on disease or some abnormal condition in some of these organs.

## RECOLLECTIONS OF THE HISTORY OF THE GERM THEORY OF DISEASE OF OLDEN TIMES DOWN TO THE PRESENT.

W. I. MORGAN, M. D., BALTIMORE, MD.

In the early years of the '50s, I read in old books of a theory of disease that flourished in the eighteenth century from about 1750 to 1775, when all disease were supposed to be caused by a microscopic animal called the *Animalcula*, and they were supposed to be of an infinite variety; but it seemed from the history that this theory faded out and disappeared from professional literature about 1775 and was perhaps seldom ever spoken of by any writers until 1863, when it was revived again by the renowned Koch of Germany, when the present rage of micro-organism commenced its very baneful epidemic influence over the world, affecting the would-be scientific people. It was first represented as being a microscopic animal with legs, mouth, teeth and intestinal canal, and was represented as eating its way and feeding on the tissues of the body and causing diseases of all kinds. I often read of it invading small incisions in the enamel of teeth, working its way into the softer material and causing decay of the teeth, toothache and many other distressing complaints, by the use of its teeth.

A little later, perhaps about the years 1871 to 1875, the question was raised whether they were animal or vegetable and it was found out then that many of them did not have teeth or an alimentary canal or digestive organs, but they subsisted by absorption through the skin. and some writers supposed them to be vegetable and the question for several years was whether it was animal or vegetable. But the bacteriologists all contended that they were the germs of diseases and that each disease had its microbe. A little later I read several able

writings claiming that they were neither animal nor vegetable but that they were formed of the excrete matter from the system, which was moulded into form in the follicles of the mucous membranes from a pasty substance and exuded and thrown to the surface in the shape of small eggs, and that there was neither life nor organs in them. But that theory was not equal to the demands of the enthusiasm of the micro-ologists and soon passed away. Since that time there has been very many amusing theories produced, some saying that they had the organs and functions of animals, others that they were strictly and wholly vegetable, subsisting as plants and that they caused the disease by absorbing certain properties from the system and imparting certain poisons in various ways. But still later we find the same pen and the same intellect writing masterly articles, showing that the bacillus is strictly a plant and that it has no properties of its own which are deleterious to the health of the individual; but that the danger and the poison is in the ptomain, which is the excretion from the bowels of the alimentary canal of the vegetable or plant; but I have never yet been able to find how it was that a vegetable or plant could have an alimentary canal and bowels and could produce excretions so be called ptomain to cause the people to be sick and to generate certain specific diseases. Hence, I must claim that it is still a mystery with me, not so much the appearance of the microbe, for in all its stages of the history of the last renaissance of the theory, I have seen the microscopic solids showing vast numbers and various kinds of the microbes, just



as plain as anybody else could and to deny their existence—that is, I mean to deny the existence of the micro-organisms and their appearance among the excretions of the human body would be supremely absurd—but I have been merely disappointed to find that the bacteriologists do not always report the same disease from cases with the same clinical symptoms. I oftentimes find that they take a culture, when there is no sign of disease at all, and pronounce it a dangerous case. Others where there are clinical cases, they pronounce it entirely something else; so that with all the vast amount of reading that I have done on the subject, I have failed to find reliable diagnosis coming from the bacteriological source; and how it is that learned men, philosophers, scientists can find a plant sending forth from its bowels, like an animal, a poisonous matter that will cause tetanus colic,

cholera, diphtheria, bubonic plague or any other disease is beyond my comprehension. Hence I will ask such how they can make that consistent with logical reasoning, and with all these changes of teachings, all claiming in their turn to be true, is surely evidence that the organic germ theory rests on a very doubtful basis and does not appear to be any nearer a fixed and established foundation than it was thirty years ago, while the vital principle of the etiology of disease taught by Hahnemann one hundred years ago has never been changed by any of Hahnemann's followers, and it has proved true whenever fairly tested. But the modern improvements in other sciences have demonstrated the fact that all motive power comes from the invisible occult or vital force demonstrated by the extensive use of electricity and magnetism as a motive force.

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## Editorial.

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### HOMŒOPATHY AND ITS OFFICIAL REPRESENTATIVES.

It was our purpose to devote this entire issue of the *ADVOCATE* to the presentation of the status of homœopathy from the militant standpoint; to show the resources of the schools and, as nearly as possible, elements of strength, together with the prospects for the coming year. It was possible for us to secure all the data desired and for that reason we have been compelled to modify our plan. Naturally greater prominence is given to

**Post Graduate School of Homœopathics and Dunham Medical College**, because greater opportunities were given us for investigation. The eleventh annual announcement of the Post Graduate School, combined with the seventh announcement of Dunham Medical College, shows a competent

faculty of thirty-eight full and associate professors and lecturers, with their usual number of assistants.

The opening exercises were held in the college amphitheater Tuesday evening, September 24. The large hall was crowded with students and friends. Doctor J. T. Kent, dean of the college faculties, acted as master of ceremonies.

In a brief address, the dean expressed the pleasure it gave the faculty and officers of the college to welcome so large and enthusiastic an audience, and introduced Dr. T. H. Hudson, of Wichita, Kan., who spoke from the subject, "Be Sure You're Right and Then Go Ahead." He was followed by Prof. E. R. McIntyer with some "Random Thoughts," which had been boiled down and polished until they fairly

shown. [Our readers will have the privilege of judging of the merit of these addresses for themselves].

Vocal and instrumental music added to the attractiveness of the program.

Light refreshments gave spice and flavor to "getting acquainted" season, which followed the formal program.

Twenty four students are already in the senior class and about the same number are enrolled in the junior class. Every indication points to a successful session.

**The Chicago Homœopathic Medical College** began another year's work September 24, with a fine class. The fall and winter sessions continue seven months, commencement day being April 22d, next year. This is the first term at which women have been admitted upon the same terms as men. The faculty numbers sixty-seven, professors, assistants, demonstrators. Especial prominence is given to clinical instruction and laboratory work, Homœopathic Materia Medica and therapeutics, receiving favorable consideration. The equipment of the college is modern and complete.

The opening exercises consisted of prayer by C. C. Perrin, D. D.; music, Slayton Quartette; introductory remarks by the president, and Dr. A. C. Cowperthwaite; opening address, Prof. R. N. Tooker, M. D., followed by music and short addresses.

**The New York Homœopathic Medical College** began its forty-second annual session on the evening of October 1st, under especially favorable circumstances. A reserve fund of about a quarter of a million dollars, coupled with a property valuation of three times as much, gives this institution the means to supply itself with every equipment needed in the teaching of the art and science of modern medicine. The stand-

ard of this college is high and with such men as Dean Helmuth and Prof. T. F. Allen at its head, the world will know that the holder of its diploma is thoroughly grounded in the principles of homœopathy. The session ends May 8.

No program of the opening exercises has been received by the ADVOCATE.

**The Boston University School of Medicine** began its twenty-ninth annual session Oct. 3, and commencement exercises will be held on June 6. The standard maintained by this New England representative of Homœopathy is, and always has been, high. Its faculty consists of fifty-eight well known physicians among whom the utmost harmony prevails.

Opening exercises were held at 10 a. m. of Oct. 3 and consisted of short addresses by President Warren, Dean Sutherland, Prof. Walter Wesselhœft and Registrar Richardson. An hour later, at 11 a. m., the year's work began.

**Hahnemann Medical College and Hospital of Philadelphia**, the oldest disseminator of Homœopathic principles in America, began its fifty-fourth annual session Sept. 30, and will hold its commencement exercises on May 15. It is to be regretted that the conservatism of "old Hahnemann" should relegate the teaching of homœopathic Materia Medica to a secondary place. The class just entering upon its work is a large one. The clinical facilities and general equipment of the college are unsurpassed by any institution in the country.

No report of opening exercises came in response to our inquiry.

**The Homœopathic Medical College of the University of Michigan**, the oldest homœopathic state school, began its twenty-seventh annual session Sept. 24, commencement day being June 19, the longest session of any o

our colleges, nearly nine months. No homœopathic college is better equipped for thorough work than that at Ann Arbor. Aside from the especially complete facilities in the laboratory and theoretical departments, this college has a large hospital devoted exclusively to the use of its own pupils, in which no patients are taken except those who go before the classes. This hospital was built and equipped by the state at an expense of \$100,000. The fees here are very low. Several other important advantages are offered.

The opening exercises of this model college were somewhat informal and consisted of an address by Dean W. B. Hinsdale on Tuesday forenoon and short talks by members of the faculty. This was supplemented by introductory remarks to each of the classes on their first day of meeting. The exercises culminated on Friday evening in an informal reception to all members of the medical department and their friends held at the nurses' home near the hospital, in which short talks and music were the means of entertainment.

In addition to the students' course the college offers a Practitioners' course, which promises to be quite popular.

**The Southwestern Homœopathic Medical College**, located in Louisville, Ky., began its ninth annual session on Oct. 1, and will hold its commencement exercises April 29, 1902. Through the good work of such institutions as the Southwestern the leaven of Homœopathy must be, and is being, disseminated all through the South. The number of pupils heretofore has been small, but that is all the better for the embryo M. D., for he obtains more individual instruction than is possible in our larger colleges. The clinical and other equipments are good, and there is no reason why the Southwestern may not number its matriculants by the

hundreds if it hew close to the line drawn by Hahnemann.

The opening exercises consisted of a lecture by E. B. Smith, M. D., on "The Student and the Faculty." This was followed by brief appropriate addresses by President C. P. Meredith and A. Leight Monroe. The ladies served refreshments and a general good time was indulged in by the crowd in attendance. The faculty are congratulating themselves upon the large number in the Freshman class, which augurs well for the future of the college and gives evidence that the conscientious missionary work heretofore done is bearing its legitimate fruit.

**The College of Homœopathic Medicine, State University of Iowa**, another old state institution, began its twenty-fifth annual session Sept. 19, commencement day being June 12. Special advantages offered by this well equipped institution are university training in laboratory work, large libraries and museums. The hospital and college are in the same building, and clinical material is abundant. With such a staunch Homœopath as Dr. Geo. Royal at the head there is no danger of graduates of this institution following strange gods.

Opening exercises of the medical department were merged into the convocation participated in by all departments of the university. The opening date being on the day of President McKinley's funeral, the exercises were changed to a memorial service.

**Hahnemann Medical College and Hospital of Chicago**, began its forty-second annual session on Sept. 9. This institution bears the same relation to the West, so far as age and number of its alumni are concerned, as Hahnemann of Philadelphia does to the East. A departure from the usual course of medi-

cal education exists in this institution, in that the instruction given is continuous, the year being divided into three terms beginning May 1, Sept. 9 and June 2, and diplomas are granted Dec. 21, 1901, April 17 and Aug. 8, 1902. Attendance for two terms constitutes a year's work and the course extends over a period of four years. The equipment in all departments is of the best and most modern, the hospital connected with the college being the largest homœopathic one in the city.

The opening was formal and consisted of prayer by Rev. Homer A. Cook; president's address of welcome by Prof. G. F. Shears, M. D.; Dean E. Stillman Bailey's address to the class; the Faculty address by Prof. O. L. Smith, M. D.; the Registrar's announcement, the whole interspersed with excellent music by the Imperial Quartette.

**The Southern Homœopathic Medical College of Baltimore**, began its eleventh annual course of instruction September 30, and graduating exercises will occur May 3. This college is well equipped for supplying the South, where there is a notable dearth of Homœopaths, with competent practitioners. A new college building was dedicated on Sept. 30, bringing the college and hospital closer together.

The opening exercises were held in connection with the legal department, the proceedings taking more the shape of dedicatory than opening exercises, in celebration of the completion and occupancy of the new building.

**The New York Medical College and Hospital for Women** began its thirty-ninth annual course of instruction Oct. 2, and graduation exercises will be held May 14. The faculty comprises forty-five well known New York physicians and the college is otherwise excellently equipped for thorough work.

Particulars regarding the opening exercises of this college for women are lacking.

The union of the **Hahnemann Medical College of the Kansas City University** and the **Kansas City Homœopathic Medical College**, which was announced several months ago, has apparently failed to materialize. The former began its annual session Sept. 9 and will hold its commencement exercises April 15. The latter began its yearly work on Sept. 9, and will graduate a class on April 3. Both schools are excellently equipped for good work and judging from the faculty list, Homœopathy is taught in all its purity.

Opening exercises of the **Kansas City Homœopathic Medical College of the Kansas City University** were informal, the main purpose being to make an occasion for the faculty and students to become better acquainted. As an aid to this end, vocal and instrumental music, readings, short addresses and an æsthetic "feed" were indulged in.

What the **Hahnemann Medical College** is to Philadelphia, **Pulte Medical College** is to Cincinnati. The thirtieth annual course of instruction began on Oct. 2 and will continue to May 6. Notwithstanding the recent fire, the facilities for laboratory instruction have been improved. The instruction given in "Old Pulte" is homœopathic, pure and unadulterated, and every department is thoroughly equipped. All indications point to a prosperous year.

Bro. Stewart has been unusually active in rounding up a good class for the present session. Long live Pulte!

**Hahnemann Hospital College of San Francisco** started its nineteenth year's work May 15 last. The session continues to Dec. 12. This is another representative Homœopathic college, stamping its impress upon the Pacific

slope. In its faculty are found many of prominent Homœopaths who have gone to the metropolis of the far West for other than professional reasons and are thus enabled to contribute liberally to the college, so Hahnemann is in all ways well equipped for doing the best of work.

The climate of San Francisco being pleasanter in the summer is the reason this school begins its year's work in May, at which time the opening exercises were held.

**The Homœopathic Medical College of Missouri**, located in St. Louis, started its forty-fourth year's work on Sept. 10, which will be finished April 17. Its faculty list contains the names of the best known St. Louis physicians, and the college is in all other respects thoroughly equipped for doing good work.

The opening exercises consisted of an address in behalf of the faculty by Dr. Jno. H. McCaughan; in behalf of the local Homœopathic society by President Chamblin and in behalf of the State Society by President Young. The exercises were interspersed with music and after refreshments were served the time was spent in getting acquainted.

The school year begins with a good attendance and hopeful signs for the future.

**Cleveland Homœopathic Medical College**, of Cleveland, Ohio, ranks next to Philadelphia in age and in the number of its alumni. It began the fifty-second annual session Sept. 18, and will graduate a class April 9. The students of this college are handsomely housed and abundant clinical and other equipments make the Cleveland institution one of the best in the land.

To say there is universal peace and harmony in the ranks of the profession in this city would be stretching the truth a trifle, but upon the surface they seem

united in the support of the college. A large faculty of more than usual merit give their services in behalf of education. Their banner has for its motto broad, comprehensive medicine in all of its aspects *including* homœopathy. From their curriculum their students ought to be able to pass creditable examination before any state examination board.

**Denver Homœopathic College**, began its eighth year's work on Sept. 18, and will hold graduating exercises April 24. Since its foundation, the Denver Homœopathic College has been enjoying prosperity, until, at the present time it is housed in a new building having every modern convenience necessary for the education of men and women to become healers of the sick. Homœopathy has some worthy advocates on its faculty and the general tone may be favorably compared with that of any medical college in the middle west.

**The College of Homœopathic Medical and Surgery, University of Minnesota**, began its year's work the latter part of September. Like the Homœopathic medical departments of the Michigan and Iowa Universities, the Minnesota school of homœopathy is well equipped for doing thorough work. Its faculty list contains the names of the best physicians in Minneapolis and St. Paul.

The faculty of the medical department of this Minnesota institution believe in fortifying from the start, their students for the hard work to follow. To that end the annual custom of giving a complimentary banquet was followed. After being thus fortified, Dean Williamson, toastmaster, Dr. Geo. E. Clarke responded to the toast, "Medical Facts" and Dr. E. L. Mann to that of "Medical Fads."

**The Detroit Homoeopathic College**, is the youngest of the family of Homoeopathic institutions of learning. But it is starting in such a way as to be reasonably certain of reaching maturity. Whether it can successfully compete with its remarkably finely equipped, state aided, elder brother at Ann Arbor remains to be demonstrated. It began its third year September 25, and will graduate a class on April 22. Some good Hahnemannians may be counted in the faculty roster and Homoeopathy will not be a dead language in this institution.

Mention has been made of the clinical facilities enjoyed by this institution in previous issues.

**Hering Medical College**, began its tenth annual session Oct. 1, and commencement day will be April 11. This college prides itself on the purity of the homoeopathy taught, and is well equipped in all departments. Its faculty numbers thirty-three, seven of whom are women.

Dr. J. B. S. King acted as master of ceremonies at the opening exercises at Hering. Drs. Thompson, Watson, Tomhagen, H. C. Allen, Weiland and Denny made short addresses. Refreshments were served and to the strains of music everybody proceeded to get acquainted or renew acquaintance with everybody else in the college building.

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#### EDITOR'S TABLE.

Dr. J. S. Alexander is now located in Omaha, Neb.

Dr. Margaret Johnson has moved to Spokane, Wash.

Christian Scientists of Georgia have been denied a charter for an institute.

Dr. Chas. H. Young of 160 W. 48 st., New York city, is suffering from eye strain.

Dr. R. G. Finlay of Apollo, Pa., has been on the sick list for the past two months.

Dr. C. E. Walton of Cincinnati has moved to south-east corner of Eighth and John sts.

Dr. Hubert Straten has opened a down town office in the Stewart building, 92 State st.

Dr. C. E. Fisher, formerly editor of the *Medical Century*, has entered into a partnership with Dr. H. C. Allen of this city.

Dr. Thomas Ryall has moved from Skyland, Cal., where for years he has been a successful practitioner, to Savannah, Ohio.

Dr. Wm. R. Welch of Cherokee, Iowa, is studying medicine in Europe.

Merrill, Wis., gains the services of Dr. G. H. Carey, formerly of Bloomington, Ill.

Dr. Asa F. Goodrich can hereafter be found at the Germania Bank building, and Wabasha sts., St. Paul, Minn.

As a reward of faithful services rendered, the late President and Mrs. McKinley, Dr. Rixey will likely be made surgeon general of the Navy.

The funeral of Dr. H. S. Pelton was held August 6 from the residence of his fiancée, Dr. Alice Bush, of Oakland, Cal. Dr. Pelton met a tragic death in the ice-fields of Alaska.

In California there are about 8000 licensed physicians, giving an average of 375 prospective patients to each. Average for the whole United States is 665 persons to each doctor. The delightful climate and former lax medical laws are responsible for the large number of physicians in that state.

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## Medicine.

### VITAL FORCE.\*

T. H. HUDSON, M. D., WICHITA, KAN.

At the close of our last lecture we agreed unanimously upon the following propositions:

First: The physician who selects his remedy according to the law of similia whether he prescribes the *ix* or the *cm* is a homœopathist—a brother in full faith and fellowship, and so as such entitled to the confidence of the fraternity.

Second: In every case of illness, the requisite dose of any remedy is the smallest quantity that will restore health.

Third: Not a physiological action, but a dynamic energy is the force we seek to employ.

Fourth: Every diseased condition presents a picture to which may be found in the provings of some remedy a corresponding picture.

Fifth: A remedy thus found and applied to the existing condition will eradicate the disease if it be eradicable.

Sixth: A single remedy at a time, unmixed and unaided by adjuvant, accessory or assistant, is the only remedy required. Thus you have at the outset of your organon studies six rules, one for every day in the week and all equally applicable upon Sunday as upon week days.

You will remember perhaps that my

closing admonition was to fire no cannon balls nor shotguns, nor aim at the names of diseases, and that the burden of our song was:

So when a poor felly goes lame,  
Don't fire all the guns you've got,  
Nor aim at a name;  
For missing the same  
You'll fill the poor devil with shot.

It has been asserted by high old school authority that "while the homœopathist may remove the symptoms, the disease will still remain." But the fact is that so long as the disease remains it must manifest itself by symptoms, therefore the only proof of the removal of disease is the abatement of symptoms. Consequently when we have learned how to abate symptoms, we need concern ourselves no further about disease.

We cannot see disease. No one ever saw it. The blush of erysipelas is not erysipelas. The eruption of scarlet fever or measles or smallpox is but the visible sign of these affections. They are only the red banners—the danger signals—hung upon the outer walls. We cannot hear, smell, taste, touch disease. Crepitant rales, hot skin, high temperature, rapid breathing do not constitute what we call pneumonia, but are only evidences of its existence.

\*Lecture delivered in Dunham Medical College, Chicago.

Ulceration of Peyer's glands is not typhoid fever. If we looked through the walls of the abdomen and beheld the ulceration process we would not see the disease but only one, possibly an invariable, symptom of it. The ravings of a maniac are not mania any more than are the hallucinations of a drunkard the liquor he drank. The odor of the disease is not smallpox, nor is sweet urine any more than an evidence of diabetes mellitus. This evidence may serve to distinguish it from diabetes insipidus, but it is not the disease. What is disease? Where does it originate? You say that jaundice is a disease of the liver, phthisis of the lungs, tetanus of the nerves, caries of the bones. A vigorous student, fresh from the farm, at the beginning of the season received a blow upon a prominent bone with no resultant effect except a few days' lameness. The same student near the close of the session, when worn by study and anxiety, received a blow no harder upon a bone no more prominent, which resulted in caries, necrosis, amputation, death. Why did he escape injury in the first instance and succumb the second? What is vital force? What is life? What the difference between life and death? Weigh a live man—strike him dead; shed no blood, weigh him again. He weighs no less. Something gone but nothing lost—nothing but life, and life weighs nothing. A world of difference, but scales don't measure it. The tenant is here; the tenant gone. The house remains; the keeper is away. The walls, windows, the furnace that supplied the heat, the furniture all here. He who looked out at the windows and fanned the fire is off upon a journey. He does not return. The building is not retenanted. It falls into decay; resolves itself into its primal elements, returns to earth and air and water; blooms again in flower, ripens into fruit and

grain, feeds again the animal world, and again composes some part of the human body; aye, of a thousand human bodies. The trend of all earthly things is upward and toward a climax. The seed towards the plant. The plant towards the flower. The flower—the fruit. The fruit reproducing seed. First in creation the mineral, next the vegetable, then the animal world. First, the lower, then the higher orders of animals; then the body of man bearing in its bosom the deathless and immortal, the spark unquenchable from some fire eternal.

The osseous, muscular, vascular and nervous systems separated each from all the others and kept in situ forms each a fairly good picture of a man's body. United they form the body complete.

But back of bone and brawn, blood and brain, brick and mortar, is the man, the real living man; the housekeeper, the house-dweller, the superintendent of supply and waste, of income and outlay. He who while gazing idly out of window, with electric touch moves the mighty engine to throb, and throb and send the genial warmth to every room and recess of that wonderful building. Who shall say that he dwells alone? Nature is fond of pairs, and contrasts, and companions: heaven and hell; sun and moon; light and darkness; life and death; health and illness; sunshine and shower; land and water; the Atlantic and Pacific; a continent east; a continent west; the old world and the new; male and female; man and woman. The windows of the soul a pair; the auditorial chambers of the brain, one for either hemisphere; cerebrum and cerebellum; the home of reason and the source of action; two paths to olfactor cavity; the mouth a portal for two parallel roads to the interior; a strong right arm and a weaker left one; two hands, two feet; aye,



and two hearts in one, sending and returning by two channels, two currents of blood of two qualities and two colors to be fanned by a pair of lungs from a deepening crimson into a scarlet glow.

Two great electric systems, the one responsive to the Master's touch, the other employed by the mistress of the house; two occupants, the one a restless rover, the other gentle, quiet and always at home; the one busy and bustling, rushing through the day and sleeping at night; the other calm and serene, yet vigilant and watchful by night as by day. These two beings so blended as to be indistinguishable, so joined as to be inseparable, so close in their communings that no others know their import, and so intimately identified that act and deed of one seem act and deed of both—this dual creation is what we know by the generic name of man.

A dual being, he lives a dual life. Guided sometimes by principle, at other times moved by impulse. Rising to the dignity of a demigod, stooping to the plane of devils. With senses less acute than those of lower animals, with physical strength and development inferior to theirs, yet monarch and ruler of all. Sharing with them, though in lesser degree, the ordinary means of communication with the external world, yet by right combination, proper direction, and constant culture of these faculties, developing their fruitage—reason, by aid of which he leaves the brute creation groveling in the dust, while he journeys amid the stars.

And this is man, the weakest and wisest; the feeblest and strongest; the worst and best; the last in creation, yet the first in esteem, and the crowning glory of his Creator's work.

And this is the creation we must understand and with whom we must become familiar, if as medical men we would succeed.

"Know then thyself—the proper study of mankind is man."

It is this being—this man so feebly described—this subject upon which we have dwelt an unreasonable time in the hope that we might enable you to separate in fancy, if you will, the tenent, the housekeeper from the house, this force or power or essence that *Hahnemann* calls the immaterial vital principle, vital force, vital energy, and to which he applies similar terms by which he means life force, principle of life, etc.

Of this vital principle he says that "in the healthy condition of man it animates and controls the body and maintains all its organs in order and harmony.

Deprived of this principle the material organism—the body—is incapable of sensation, action or self-preservation.

This vital principle becomes deranged. This derangement is induced by another force, subtle and invisible as life, which acts upon the same plane, is also of dynamic power and manifests itself to the obtuse senses of the physician only through the comparatively coarse and clumsy machinery of the patient's organism—the human body.

However obtuse our sensibilities and however crude the impressions transmitted to them by the intervening medium, still it is through these impressions upon these sensibilities that we must depend for all possible knowledge obtainable regarding illness or ailment of any kind."

In other words, the symptoms and signs recognizable by our senses teach us all that we can learn or know concerning disease.

Life works upon a plane infinitely above our comprehension; the plane of infinity our comprehension being limited by our faculties, they being but finite; we cannot comprehend the infi-

nite. Death—life's enemy—acts, must act, upon the same level with life.

Health, one of life's attributes, moves in the same sphere. Disease, the enemy of health, can move in no other. Otherwise health, occupying a superior or different plane, could not be attacked by disease. Moving contrary directions upon the level, they meet, they join battle. The smoke, the banners, the blood, the din of battle are tokens that reach our senses of sight and sound, show us the course and progress of the fray and enable us to ally our forces with those of health and mayhap enable her to win a victory. The weapons which we employ must be not only of superior mechanism, but made to carry into the plane upon which the battle is fought. Otherwise, falling short of the mark, they fail in their mission. They must be charged with dynamic power, and aimed with precision.

And now leaving metaphor and figure of speech, let us say and remember, when figure and metaphor may be forgotten, that life and health, death being dynamic powers, the force alone that can be active among them, to aid and assist, or hinder and oppose, must be dynamic in character—must be potent, ized, polarized, spiritualized, if you will—but raised from the crude and coarse into a higher, a loftier sphere.

The humblest flower spreads its pale petals to the sun, beseeching the kiss that shall warm their pallor into beauty, and though aspiration be a law of earth sanctioned by heaven, yet earth and heaven agree that the spirit of each plant and tree, each mineral and each animal shall reproduce its kind so long as the world shall need its service.

Two similar seeds planted in the same foot of earth shall send out rootlet and stem so alike that no microscope can detect the difference, which shall detect the difference, which shall develop

into two plants elbowing each other for room, watered by the same shower, warmed by the same sunshine, drawing sustenance from the same soil and combining in varying proportions the salts of lime, iron, soda, silica, potash, that shall make of one belladonna, of the other stramonium. Whence comes and where is located this selective power, this elective affinity, this guiding instinct which enables the vital principle, the spirit power of belladonna to build around itself its outward visible form, recognizable by a sense as coarse as human vision and to hide away beyond the ken of human understanding in secret recesses of precreative organs, the ethereal essence, the subtle dynamic, elective individuality that shall propagate and perpetuate its species so long as earth shall furnish food and the sun supply heat?

The belladonna plant is no more belladonna than is man's body the man. It is but the outward expression, the visible semblance of an invisible force, expressing itself in a form that may communicate with its fellows and come in touch with material things.

The animal body will appropriate the vegetable body as food, and through digestive and assimilative processes convert the vegetable body into animal tissue. This is animal tissue. This is animal feeding upon vegetable, and such food must undergo the various necessary metamorphoses inside the animal economy before it can be convertible into animal tissue. An elephant will eat a bale of hay, a horse a dozen ears of corn, a hungry man a pound of meat, and these proportions are or may be necessary to the repair and sustenance of the body. But food sufficient for the nourishment of the whole body is one thing, while medicine for a disturbed vitality, or for a single nerve center smaller than a grain of wheat, is

another and entirely different thing.

The man whose body requires a pound of meat will be made sick by the tenth of a grain of strychnine. What must be the dose for a group of cells smaller than the thirtieth attenuation? If all life moves in the same sphere, upon the same level, then it follows, as the night the day, that a remedy, to assist life in its combat with death, or health in its struggle with disease, must be dynamized,

potentized, etherealized, spiritualized. brought into the life realm. Therefore leaving behind root and stem, branch and leaf, flower and fruit, we come by the process of dynamization, spiritualization, to the ethereal essence, the vital force, the living principle of the individual plant, and having so reached life's realm, we are able to combat disease and cope with death.

### SPINAL MENINGITIS.\*

E. R. MCINTYER, B. S., M. D., PROFESSOR OF NEUROLOGY.

Many general practitioners seem to feel that nervous anatomy and physiology are too complex for their time and resources. But they attempt to treat supposed pathological conditions of the system, as they are compelled to do to a certain extent. But it seems a little inconsistent to me, since I am unable to understand how they can even guess at pathology without first knowing anatomy and physiology.

But a few days since I read an article in a daily paper, presumably written for the laity, by a prominent member of the medical profession, in which, among other things, he spoke of the well-known fallacy that loss of the "eye tooth" causes impairment of the eye. This was all well enough until we come to the statement that *this tooth has no connection with the eye; that the eye receives its nerve supply from the large optic nerve, entering it from the bottom of the orbit while the facial, which emerges from the skull in front of the ear and divides into branches, sends a branch to each tooth.* This is the most startling revelation in anatomy I have ever heard. I had always been laboring under the idea that the facial is a purely motor nerve, supplying motion to all the muscles of facial expression, but sending

fibres to the teeth; and I had gotten the idea some way, that the "*large optic*" nerve is a nerve of special sense (sight), while the fifth cranial nerve supplies common sensation to the eye, face, mouth and part of the ear, sending "*a branch to each tooth;*" that it divides into three branches *before it emerges from the skull*, hence its name trifacial.

But I desire to express my gratitude to the writer for setting me right in the matter. Since he is occupying the position of county physician, his opinions must have much weight, Gray, Rainey and other authorities to the contrary, notwithstanding.

But how about the poor unfortunates in that particular county jail and other dependents who are compelled to swallow the decoctions he orders, with which to insult the gustatory apparatus, if they chance to get sick? Of course they have a right to die according to scientific and regular methods. Were some one not quite so regular in his position, I fear the medical colleges would prove worse in the matter of dissecting material, and since I am interested more in their welfare than that of county dependents, I move that he be permitted to retain his present position. But what do we mean by spinal meningitis?

\*A lecture delivered in Dunham Medical College of Chicago, October 2, 1901.

**Definition:** An inflammation of the membranes of the spinal cord.

**Varieties:** *Pachymeningitis*, in which the disease begins in the dura mater, and may be external or internal; and *Septo-meningitis*, in which it begins in the arachnoid and pia mater, and may be acute or chronic. This is a rare form of the disease.

A third variety known as *cerebro-spinal meningitis*, or spotted fever, is epidemic and involves the meninges of both brain and spinal cord, and will not be discussed at present.

**Etiology:** Extension of some contiguous disease, as caries of the vertebrae, syphilitic bone disease, deepsacral bed-sores, ascending neuritis, psoas abscess, traumatism to the spine, exposure to cold, septicæmia, infectious fevers, alcoholisms, insolation and some hereditary diatheses.

**Morbid anatomy:** This depends upon the variety. It may be simple or purulent. The dura mater may be reddened, opaque, with some effusion of lymph; or, if purulent, secretions of pus are found on the surface or between the membranes. The fat outside the dura mater is absorbed, and adhesions are common both between the membranes and beneath the pia.

In cases of chronic meningitis there is an increase of connective-tissue cells, thickening of the membranes, and the nerve-roots frequently show signs of inflammatory action.

**Symptoms:** When the meningitis is secondary, as it is in all cases of the external pachymeningitis, the symptoms are frequently complicated with those of the primary lesion. There is usually localized pain in the back, worse from the least motion, tenderness and hyperæsthesia along the spine, and at times radiating into the limbs. Rigidity of the dorsal muscles, opisthotonus; fever is usually not so high as in cerebral

meningitis. but may reach 101 to 102 F. The reflexes are exaggerated, muscular twitchings are common. Paralysis and anæsthesia soon follow in those parts in nerve relation to that portion of the chord involved, and atrophy of the paralyzed muscles may follow in a short time, owing to involvement of the trophic fibres in the nerve-roots. Bladder and rectal involvement are usually present if the lesion involves the lumbar enlargement. The "cincture" feeling is usually present, and is an index to the highest point of the disease.

**Diagnosis:** *Spinal myelitis* has less pain, and the paralysis appears much earlier than in meningitis.

*Petanus* has no fever at the beginning, nor does it cause the severe localized pain of meningitis, and it can usually be traced to some punctured or lacerated wound.

*From cerebro-spinal meningitis* it is diagnosed by the absence of cerebral symptoms, and the characteristic spots on the skin of the latter disease. Besides the cerebro-spinal disease is epidemic as a rule.

**Prognosis:** Never favorable, a large number of the patients die, and the remainder are usually permanently paralyzed. However, the proper treatment, including the homœopathic remedy, may do much for many cases.

**Treatment:** The treatment, like that of most nervous diseases, is divided into general and remedial. *The general treatment* includes perfect rest and quiet. The room should be darkened and so located as to be as quiet as possible. The diet should be nourishing, but not stimulating. This excludes spices, pepper, coffee, etc. It should be given in small quantities and at frequent intervals, liquid diet being preferred.

In case of bone disease, the treatment will be varied accordingly. The case may become surgical. In all cases

keep a strict outlook for the first indications of bed-sores, and remove pressure from the part, and use preventive measures.

*Remedial:* Much may be done for these unfortunate cases with the proper homœopathic remedy. The most frequently indicated are *Aconite*, *Belladonna*,

*na*, *Bryonia*, *Cicuta*, *Hypericum*, for the acute cases, and *Merc. Sol.*, *Calc. carb.*, *Selicia*, *Rhus. tox.*, *Sulph.*, etc., in chronic cases.

These and many others in the *materia medica* may be indicated, and you will get the indications from the professors of *materia medica*.

## HIGH PULSE RATE; CAUSES AND REMEDIES.\*

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The causes of high pulse should be better known and, consequently, better managed. The case of President McKinley gives emphasis to this. We have no disposition to criticise that case or its management. An abdominal wound of that nature, in our hospital service in the Civil war, we regarded as necessarily fatal and, usually, such cases lived but a short time. A ball could not plunge through the stomach so near the median line without injuring the cæliac plexus, or the great abdominal brain as it has been termed. The absence of nausea and vomiting showed that the vagus was not injured, to that degree. But there was inaction of the inhibitors so that the heart went off at a gallop and continued at a very high rate until the hour of collapse on that fateful Friday. The attending family physician explained to the alarmed nation that a high pulse rate was habitual with the President. That may have been true, and that leads us to inquire more earnestly as to the cause of a high pulse rate, consequently, the very best management.

We saw today, and have seen, in the clinic of this college and at Cook County Hospital many cases of tachycardia dependent upon many diseased condi-

tions. To understand these cases the fundamental facts of cardiac anatomy and physiology were emphasized before the pathology and therapeutics can be comprehended and applied intelligently.

The heart, like any other muscle, has one function and that is contraction, to be followed by relaxation. Its twin ventricles work together, usually in a peculiar way. As the different layers of muscles indicate, they elongate and rotate the heart slightly; they work and rest. To control this action we have the nerves and blood supply. If the blood is deficient, this pump, like any other, works rapidly as in the last case before us. The nerves are to control, retard or accelerate it. They are the governors of this engine. All drugs that quiet the action of the inhibitors allow the accelerators to hurry the heart. Any obstruction acts as a stimulus to increase the cardiac action and force; so we come to differentiate:

- 1—Rapid anæmic heart;
- 2—Stimulated pulse; and
- 3—Obstructed forceful pulse.

1—The anæmic pulse is small and compressible and easily recognized. We meet it in long-lasting disease and in impoverished bodies. The principal remedies that occur to us are *Arsenicum*,

\* From a clinical lecture September 30, 1901.

*China, Phosphorus, Sulphur*, etc., drugs with a long-lasting tachycardia and systemic waste and weakness.

2.—A stimulated pulse is always an abnormal one. We look for a mental, nervous, systemic or accidental cause. Stimulants, so called, all produce rapid heart action, usually as a secondary effect. Alcohol, tobacco, tea, coffee are the domestic agents that produce a very lasting tachycardia. Nervousness usually produces paroxysmal tachycardia. Mental emotion or activity tend to produce a longer lasting tachycardia. A small heart, as we have seen in the clinic, gives us a rapid pulse. A small person has, as a rule, a more rapid heart than a tall one. The child has a rapid heart, because the circuit is short; and in the aged it tends to rapidity because the obstructed capillaries also shorten the systemic circuit. This very obstruction causes a rapid heart and hypertrophy *jari passu*, especially in the fleshy, as was the President. The heart, normally, begins to enlarge between the ages of 50 to 60 years. Many of the cases of rapid, stimulated heart we meet in men are due to the action of tobacco; so we should always ascertain the cause and attempt to antidote the bad effects.

3.—We must interrogate every organ to see if there is anywhere obstruction from habit or disease. This form of tachycardia we have seen in goitre, in gastritis, hepatitis, constipation, nephritis; and tachycardia is often a symptom of cerebral lesion. A persistent rapid pulse is also a serious symptom of disease of the chest, lungs or, sometimes, of the heart itself. It is a pathognomonic symptom of tuberculosis when the other symptoms are also present. It is a constant symptom of fever. So a rapid pulse must always find a proper explanation. A traumatic pulse

may be first slow in shock but then becomes rapid, most rapid.

One of the first remedies given in shock usually is *Alcohol* in some form. This is a remedy that acts very similar, hastening the reaction of a rapid pulse. Big doses or moderate doses of alcohol long continued tend to weaken the heart by dilation. The action of tobacco is well known by all who have attempted to acquire the habit. No one can forget the nausea and faintness of its primary action. The slow pulse tells of cardiac inhibition. Those who have attempted to break off the habit will also remember the reproduction of the primary cardiac weakness. So great is it that few can break off the habit without help through this "slough of despond." The desire of the old seductive stimulant becomes so great that few can resist, and hence they return to its use. The speaker fought this physical depression of its primary action for weeks. Every whiff of a cigar or pipe prolonged the agony for months until a remedial antidote was found. Now there is a physical repugnance to tobacco. These antidotes every physician should know, and especially every surgeon. President McKinley should have been allowed his tobacco, or given an antidote. Most surgeons know that alcoholics stand operations badly, and this stimulant is often continued, and that wisely, unless the surgeon calls into play the powerful antidotal action of *Arsenicum* or *Nux Vomica*.

Hahnemann studied the effects of common remedies used in his day, and so must we. Tobacco is used so extensively and so freely that every physician should recognize its constitutional effects as readily as he can the round red fissured tobacco tongue we see so often in the clinic.

There are several antidotes to tobacco.

*Arsenicum* antidotes chewing tobacco. *Nux* antidotes some of the stomach symptoms, while *Phosphorus* controls the palpitation of tobacco. For the tobacco heart Allen says *Phosphorus* is the antidote. *Plantago Major* has several times caused an aversion to tobacco.

One summer the writer was treating a man for sour stomach and diarrhrea, and the indicated similar remedy was *Pulsatilla*. A few days after, he returned and wanted to know what I had given him. I asked why, and he replied, "Why, it has taken away all my appetite for my tobacco; it don't taste right now; I don't want it."

To understand the kind of palpitation that *Phos.* cures we read:

"Pulse accelerated, full and hard."

"Pulse sometimes double."

"Pulse small, weak and frequent."

This, doubtless, was the kind of pulse President McKinley had.

*Phosphorus* also has "dilation of the heart from fatty degeneration." That again corresponded to the reported condition of the dead President's heart.

*Digitalis* also causes rapid heart, but it does not antidote tobacco. Woodward says that *Tabacum* affects the sensory organs first, then the circulatory, spinal, digestive and the genito-urinary system. While *Digitalis* is not similar, it affects, first, the sensory organs, then the circulatory, next the digestive, then the genito-urinary and after that the spinal centers. Not fol-

lowing the same course through the organs they cannot be antidotes, strictly speaking. They differ also in the *emphasis* made upon the organs. *Digitalis* produces greater tension upon the arterial system, and, if relief is not afforded by way of the kidneys, venous stasis results giving its characteristic slow, intermittent pulse and blue extremities. *Tabacum* has a soporific or soothing effect upon the nervous system, causing mental languor. They therefore differ in their method of relief. According to Woodward's grouping of sequences, alcohol stands nearest to *Tabacum* in the order of effects among the organs. Then comes *Cannabis*, *Cocaine* and *Amyl nitr.*

When I read that the attending staff of surgeons were giving *Digitalis* to bring down the pulse of President McKinley I was surprised and pained at this old and mistaken use of this powerful drug. I was sorry to see that some of our best surgeons were not up on modern therapeutic methods. Now the better informed give not *Digitalis* to "bring down the pulse," but when slow and intermitting from venous stasis, then they give it to "bring up the pulse." This proper use of *Digitalis* should be proclaimed far and near, so that no surgeon will hereafter lessen the vitality of his patient by a wrong use of *Digitalis*. A rapid pulse tells of some grave or dangerous condition and this, certainly, should not be augmented by the wrong use of powerful drugs.

## **Pædiatrics.**

### **HOMŒOPATHY AND THE TREATMENT OF CHILDREN.**

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Homœopathy is a discovery, not a creation. Homœopathy is a fixed law of cure, not simply a method of treating by small doses. *Similia similibus curantur*—likes are cured by likes—the axiom of Homœopathy, is a demonstrable fact, often referred to as the law of similars, and meaning that a remedy will cure a certain group of symptoms in the sick which it will cause in the healthy if administered in repeated doses.

Like gravitation, and the motion of the earth and celestial bodies, like chemical and physical changes, the reproduction of kind and all other phenomena in nature, Homœopathy rests upon the logic of facts. All of these are man's discovery. All depend upon an unseen force for a beginning, upon a process but partially understood for development and almost entirely upon results for demonstration and proof. What gravitation, chemical affinity and reproduction are, in establishing the sciences to which they refer, so the law upon which Homœopathy is based is to the science of medicine.

Homœopathy is best known by its results. Just as the discovery of all other laws of nature which has introduced radical changes in the trend of thought, and which have been followed by a period of doubt, ridicule and persecution the truth is established by observing the results. Those who sincerely investigate and observe as well as those who experience positive and permanent cures, are con-causes, processes and results; therefore, to understand and use Homœopathy—the law of cure—it becomes necessary to be convinced that

Homœopathy embraces the "law of cure."

Every unchanging law embraces study and observation, as far as possible, of all these requisites in curing the sick. To study only the "results" of disease without searching for the "causes" or trying to follow the "processes" is a practice largely of experiment and guess-work, generally resulting in palliation, if anything is accomplished, and has little or no part in the science of medicine or the art of healing the sick.

To study to know the "causes" of disease so that the law of cure can be applied in removing the same, thereby forestalling the "process" and "results" is a practice and an art truly worthy of the Doctor of Medicine. Homœopathy, applied in its truest sense, includes not only the prescribing of the indicated remedy according to the law of similars but also the thorough study and understanding of the cause of disease. This becomes necessary if the best results are to be obtained.

This is especially true in the treatment of children.

The constitutional condition of children when born, or during the first few months of life, generally manifests some disturbance in health, not acquired after birth, but referring to what has preceded. These constitutional diseases of children are expressions varying in type and degree depending upon some dyscrasia—some deep seated miasmatic disturbance of health—in one or both parents and often traceable to one or more generations antecedent to the child's life.



Samuel Hahnemann, the promulgator of Homœopathy, than whom there has been no greater genius in medical philosophy, was the first to press the investigation of the causes of disease. After years of research he gave to the world the theory that the causes of disease were in three constitutional states, which he called

**Psora, Syphilis and Sycosis.**

Although this was nearly a century ago, no opponent or follower of Hahnemann has been able to present a more reasonable and satisfactory thesis upon this subject.

Psora includes a constitutional state resulting from two sources: First, living in conflict with the laws of health—doing those things which opposes nature's processes in developing a healthy mental or physical condition—to be followed most surely by functional derangements; second, treating this diseased state, mentioned in the first, in conflict with the law of cure, consequently resulting in palliation and suppression—adding to, rather than eradicating, the constitutional state already existing.

Then Psora is the culmination of all the false living and wrong doings of the generations of the past until our inheritance is a chronic sick state. The most common expressions of Psora are the various forms of skin eruptions and abnormal discharges and emanations from the body. This is nature's effort to eliminate from the internal vital parts that which is an enemy to health. So long as this state continues, and especially if this effort of nature is opposed and checked by suppressive measures, so long there remains a soil in the system—a susceptibility—suitable to receive and develop all forms of contagious diseases and almost every affection common to the race.

This state is Psora. Every child born into the world today inherits to a

greater or less degree this fertile soil needed to develop sickness. It is the greatest of all "causes," even greater than both the other two—Syphilis and Sycosis—combined, because it furnishes a condition also suitable for these to develop. Psora is a prior state necessary to sickness.

Syphilis is an ancient malady. The acute stage soon passes and a chronic condition—constitutional syphilis—tends to remain in an active or latent state the remainder of the subject's life. Children born where one or both parents have ever been infected usually bear signs of hereditary Syphilis.

Sycosis, the other chronic state, as declared by Hahnemann, and one of the three great "causes" of disease, is a constitutional infection liable to follow gonorrhea. The person once infected, especially if treated by injections or suppressive means, will most surely develop a chronic state yielding a group of symptoms entirely distinct from Psora or Syphilis. Sycosis is also infectious and hereditary, evidences of which are as frequently seen as in the other venereal monster.

Hahnemann had no sooner announced his conclusions regarding these "causes" of disease than he also began to group remedies suitable to successfully treat and eradicate these deep seated conditions. Hence, in the list of Homœopathic remedies, are the so-called anti-psoric, anti-syphilitic and anti-sycotic medicines. No other system of medicine or method of treating the sick has ever undertaken to understand or eradicate these "causes" as Homœopathy has done and is doing today. That Homœopathy has been doing for years and can now eradicate, especially in childhood and youth, these chronic inherited conditions is attested by every true follower of Hahnemann as well as by thousands who have been successfully treated.

If every child from the hour of his birth should receive a few remedies appropriate and indicated in each individual case, there would soon be but little terror for the now dreaded scarlet fever, diphtheria and the other forms of contagion. Vaccination, antitoxin, intubation, and all other expedient and emergency means, would not be forced upon the public so often duped rather than cured.

Although these chronic and inherited states have figured so largely in the sickness of children, yet this subject would be but partially treated if attention were not called to the complications and aggravations caused by promiscuous drugging. The use of opiates, tonics, astringents and cathartics, while they may be followed by temporary relief, generally leave the patients permanently worse. As a general rule all drugs are objectionable except those selected with the view of treating and curing the chronic state.

So general has become this promiscuous drugging that some have added to Hahnemann's three chronic diseases another, which they call a "drug miasm."

There is but little doubt that many children now sick would be comparatively well if they had used only good food and all discriminate drugging had been avoided. This sick condition following much drugging, and traceable directly to it, must always be taken into consideration, especially in making the first prescription. Although nature is able to eliminate many drugs from the system, however, some cannot be without the aid of the carefully selected Homoeopathic remedy.

The expression, "good food," just used, also refers to an important factor in the health of the child. Objectionable food is often rendered such by being colored, flavored, or cured with drugs. A large part of the so-called

prepared foods which are being sold extensively are treated to some extent with poisonous drugs. The average food manipulator, who is, primarily, in business to make money, has long since learned that the American public will swallow almost anything which pleases the eye and tickles the palate. These two qualifications can be filled the most easily and cheaply by the use of drugs which are now commonly used. The bulk of the food stuffs, including much of the confectionery and "soft drinks" concoctions, are adulterated conglomerations, unfit for any one to eat or drink, and a positive and constant injury to children. Tea, coffee and any form of tobacco are never of any advantage to a child and in most cases a positive injury, and should be avoided.

To illustrate the foregoing a few clinical cases may be of interest.

#### **Psora—Calcarea carb.**

**Case 1—Psora**—In March, 1898, I was called to prescribe for a little girl, age twenty months, with light hair, blue eyes, pale, emaciated face; eyes bright but sunken, very weak, had never walked. Teeth small and only partially developed; limbs crooked, ankles weak. Stomach refusing good food, little appetite, with less relish for what was offered. Mentally irritable, petulant, nothing pleased, mother walked floor, carrying little patient even while doing her work. At night no sleep for either before midnight, and only "cat-naps" afterward, waking with a start and cry, the face and neck covered with perspiration. This had been the history with some variation for nearly a year during which time many prepared foods, lime water, opiates and cathartics had been used with no permanent improvement. During the past sixty days a protracted case of tonsilitis had at times threatened the struggling life. This is a picture of inherited Psora. To cure, the constitu-

tional state must be changed. The functions upon which digestion and nutrition depend are inactive. To give an opiate only deadens and causes greater inaction. To give lime water only adds to the already overburdened system which has not been able even to appropriate the lime in the natural food. To give a tonic or cathartic is only to whip the sick vitality into doing greater unnatural work, consequently followed by greater exhaustion. That which is needed is to correct the impaired function and to bring about harmony in the vital processes so that the nutrition in the good food may be appropriated and the mental and physical developed into health.

Homoeopathy alone can do this. An "anti-psoric" remedy is needed. In this case it was *Calcareo Carbonica*, which was administered in a high potency, followed by a week's supply of *Placebo*. Directions were carefully given to use no other medicine and to give simple and well prepared ordinary food as the appetite demanded and relished. One week later the following report was made by the mother: The first night after the medicine, the child slept some better, and was less irritable the following day; the second night the patient slept six hours without waking, which had not occurred for months previously; the third day the little patient took its first step and was not long in learning to walk across the room; appetite for ordinary food constantly increased and was taken with a relish, indicating that the natural processes of nutrition had been established. It is unnecessary to state in detail that improvement continued until at the end of one month the patient appeared like another child. A few repetitions of the first prescriptions were needed during the following three or four months to complete the curative process, which has to the pres-

ent time remained permanent.

**Case 2.—Ringworm of the Scalp—Sulphur.**—During the month of August, 1898, a seven year-old boy was brought to me by his mother. The scalp presented an eruption in which there were five patches varying from the size of a "quarter" to a silver dollar. These patches were partly covered with a thick, dirty crust; others only presented a red, raw surface. The hair, where any remained in the affected spots, was brittle and broken off short. Many local applications had been used during the past three months without improvement. The case was taken carefully, disclosing a tubercular or psoric diathesis, which called in this case for *Sulphur*. Three prescriptions were made three weeks apart—the 1 m potency or higher, followed by complete cure. Psora had been eradicated, and perhaps a later case of tuberculosis had been prevented.

**Syphilis — Aurum, Nitric acid and Syphilinum.**

Case 3 is that of a boy baby aged four months, affected with hereditary **Syphilis**. At birth the child was plump, and seemed to thrive well for three or four weeks, after which the following history begins: Loss of appetite, restless sleep. Stomach and bowels disordered, emaciated. Nose stopped, "snuffles" with discharge offensive; breathing through the mouth with rattling. Skin of the face discolored, wrinkled or drawn down closely to the bones—"an old look." Eyes prominent, with staring expression, redness of the sclera. Chest and abdomen has roseola eruption tending towards a coppery hue, followed by a few pustules. These being common symptoms of a syphilitic baby, the prescription was made with the view of removing this constitutional taint, which in its ordinary course will soon overwhelm the life. *Aurum Nitric acid*, and *Syphilinum*, given as indicat-

ed, accomplished a pleasant result, and when one year old the child no longer presented any of the above symptoms.

Dr. Kassowitz gives the result of his observations, in private practice, for a number of years, in the following statistics:

"In three hundred and thirty births where parents were syphilitic, one hundred and twenty-seven of the children were born prematurely, forty of which were abortions. One hundred and eleven were still-born; eighty died during the first six months, leaving only one hundred and thirty-nine who lived beyond this age." Consequently, of the three hundred and thirty children born of syphilitic parents, about fifty-eight per cent are carried off by this hereditary infection. Those who survive are most likely to be infected and need proper Homoeopathic treatment.

Case 4—Hereditary Syphilis developing during second dentition. Boy, eight years old, complaining of chronic sore mouth and throat. Uvula, pharynx and fauces had been and were still ulcerated. Vesicles on the tongue and inside the cheeks. Teeth, mal-formed, irregular, discolored, brittle, and decaying. The upper incisors notched on the cutting surfaces and shutting inside those on the lower jaw. Phimosi with frequent inflammation and swelling of the part, evident adhesions. All symptoms worse at night, causing restless and disturbed sleep. *Syphilinum* alone in this case in 200th potency and higher started a curative process which one must see to fully believe. An operation, of course,

was needed to correct the Phimosi, however. Syphilis is no doubt the great cause of this malformation and mechanical condition.

Case 5—Sycosis—*Thuja*, *Medorrhinum*—A girl aged eight years, complaining of "heart trouble," palpitation with sinking faintness coming on suddenly, increasing in intensity and frequency. Wart-like excrescences on the face and hands, worse near the joinings of the skin and mucous membranes, and inside the lower lip. Skin and scalp oily and a dirty color. Abnormal growth of hair on upper part of body. Sleeps on stomach, sometimes on stomach and knees. Dreams of falling, flying and of future events. History of parents shows they were infected with gonorrhea long before the birth of the child. Vaccinated two years ago, very sick; not been well since.

*Thuja* and *Medorrhinum* were the only remedies need to change the constitutional state in this case, giving the patient prompt and permanent relief.

There is evidently a close relationship between the bad effects of vaccination and Sycosis, as yet not well understood. Vaccination may be the exciting cause to arouse a latent sycosis, or it may be the means of transmitting it to an innocent party. They do, however, often co-exist in the same patient, as well as yield to the same treatment.

It remains for Homoeopathy to study more carefully and to treat scientifically all of these constitutional and inherited states.

## Surgery.

### UTERINE ADHESIONS.

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Few physicians who have had many cases of uterine displacement to treat have not sooner or later found cases that baffled their skill. It is not uncommon for them to introduce pessaries of various characters without having first thoroughly satisfied themselves as to the true character of the deformity. It is too much the habit to be impressed with the statements of the patients, almost all of them complaining of weight or heavy sensation in the pelvis, and to at once conclude that there must be displacement of the uterus.

It is very well understood that moderate prolapsus does not produce very different symptoms from versions or flexions, and to be able to determine the exact condition before a diagnosis is reached or a proper course of treatment prescribed it is most essential to make a thorough examination and to get a complete history of the patient's past illness.

There is no way by which a knowledge of the parts can be attained so well as to examine the patient in a standing position, for when the patient is reclining and an instrument has been introduced into the vagina the parts are apt to change their general relations, thereby giving an incorrect idea of the condition when the patient is standing.

These remarks are prompted by a case that has recently presented itself to me in a woman 40 years of age, still menstruating, who has been troubled more or less with symptoms of uterine disturbance since she was 18 years old. At that time, following some inflammatory condition—no doubt pelvic perito-

nitis—she had retroversion and, it was said, some form of uterine growth, probably fibroma, but this diagnosis was afterward corrected. Since that time various diagnoses have been made, such as prolapsus, anteversion, retroversion, and other conditions accompanied with endometritis and cervicitis. For several years she has been wearing a retroversion pessary, and during nearly the entire time since she was 18 has been under the care of Homœopathic physicians, yet her condition has been practically unchanged. Most of this time she has been troubled with constipation, irritation in the rectum (or, as she describes it, *pressure*) irritation in the bladder with frequent desire to urinate, discomfort when walking on account of pressure, trembling or weakness in the lower extremities, some pain in the ovarian region, but most of all constipation and trouble in the rectum. I may add that for six or seven years she has suffered with inguinal hernia and has been obliged to wear a truss, which has considerably aggravated her troubles.

Upon first examining her I found that she was wearing a horseshoe pessary, and while the tendency had been for the pessary to crowd up the lower half of the uterus, converting what I believe had been a retroverted uterus into a retroflexed one, the fundus had remained in the retroverted position. The pessary was removed and the patient was requested to return in a few days that the organs might have time to get into their usual position.

Upon her return I found by examin-

ing standing that the os was lower down but the position of the fundus was the same; and more thorough examination revealed the fact that adhesions had formed and that the upper and under portion of the uterus was adhered just below the promontory of the sacrum, making it impossible to restore the uterus to its former axis. This condition of affairs had no doubt been present all those years of her illness.

After proper, or at least such medical treatment as I was able to give her, and local applications for the inflammation in the cervix and the general engorgement caused, I believe chiefly, by the interference of the circulation from improper pressure from the pessary, we find her with the nervous conditions much the same as she has had for years.

I believe that there is but one way to relieve these cases permanently, and that is by going into Douglas' cul de sac, breaking up these adhesions and afterwards supporting the uterus in its normal position, or, as is advised and frequently done, making an abdominal section and ventral fixation of the uterus. The first method is accomplished with but little danger and will in most cases be all that is necessary. Should there be other conditions, as there often are in these cases, making it necessary for abdominal section, the work can be all done at once with very satisfactory results.

It will readily be seen that in cases of this character pessaries are of great damage and should be avoided, and I am sure that if a thorough investigation were made in the beginning and an honest opinion rendered, a great deal of confusion, and distress on the part of the person afflicted could be avoided. The few cases in which I have been obliged to resort to ventral fixation have proven very satisfactory, and none of

the troubles feared in these cases ever made their appearance. I have never in my own experience had women become pregnant so as to be caused trouble from the uterus being tied down, but have been told by friends of mine that they had attended women in labor after fixation with no apparent distress.

In the case I have mentioned of an unmarried woman of 40, I would not hesitate to do fixation, neither would I hesitate in women who had passed the climacteric period; nor would I hesitate to relieve excessive prolapsus, or retroversion in other cases where the demand seemed extreme.

The case in question calls for purely mechanical operative procedure, and is of course beyond the assistance of purely medical treatment. It has been my lot to come in contact with cases suffering simply from adhesions of the character mentioned, and I have seen them suffering from various conditions that baffled all medical skill, and yet a division of the adhesions and a restoration of the uterus to a normal position has in time corrected most of the trouble.

It is well known that uterine disturbances long standing develop nervous conditions that seem to resemble those of other disorders, and are so marked that if one is not accustomed to uterine reflex conditions he may readily for a time lose sight of the true cause of the trouble. While a slight variation from the normal position of the uterus in one woman will produce almost no reflex nervous symptoms, the same conditions will develop most serious and general nervous disturbances in others; so that we cannot be governed by the amount of the disease in the pelvis to tell us exactly what reflex conditions we may have. I have seen a woman practically bedridden for ten years with a condition that I have seen hundreds of women go

about with every day with scarcely a complaint.

Displacements have caused most physicians more trouble than any and all other local conditions combined, and many of them seem to be beyond help except through the division of adhesions, as I have mentioned—ventral fixation, or the Alexandrian operation, and I believe that many cases that have suffered for years can be benefited, if not cured, by these operations, and I doubt there being any other way to give them relief, or even hope of relief, except by these methods.

If we have a chronic inflammation of the entire uterus with hyperplasia, where the uterus is many times its

normal size, without adhesions, it might be advisable to first restore it to its normal condition, but even then the treatment can be much better accomplished after the uterus has been supported, and many times I believe such diseased conditions will subside sooner. I do not speak of the uterus that is only slightly out of normal position, but those extreme cases where mechanical assistance is necessary to make a woman able to be about with any degree of comfort. There are many cases annoyed by slight displacements who are obliged to be on their feet continually, but these do not come in the category I have mentioned.

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## Materia Medica.

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### PULSATILLA—COMPARATIVE STUDY. (Continued.)

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#### MUCOUS MEMBRANES. (Continued.)

**Nose:**—The discharge is typical—*thick yellow or yellowish green and bland*. The “cold” may be ushered in by *sneezing*. The venous congestion is *passive* and in a short time we have all the symptoms of a “ripe” cold. Nose is “*stuffed up*” on going to bed; *desire for fresh air* imperative, *chilly* sensations although feverish, *thirstless* with defective sense of *smell and taste*. Aggravated by dampness or close room. In chronic cases there is an odor like “*old catarrh*.”

**Nux vomica.** The premonitory symptoms give greater warning. *There is greater irritability*, the chilliness is along back and extremities while head and face is feverish. Nose becoming “*stuffed up*” at night but there is little difficulty in breathing. The coryza is profuse in the morning but not necessarily

thick. Feels better in damp weather and likes a warm room.

**Calcarea carb.** Take cold at *every change in the weather*. There is the “*stuffed up*” feeling, but this is due to congestion of mucous membrane, with tendency to the *formation of polypii*. The coryza may be thick and yellow, or thin and watery, but almost certain to have an offensive odor like rotten eggs. Nostrils sore and tendency to ulceration. Scrofulous subject.

**Spigelia.** Fore part of nose dry and “*stuffed up*” with a profuse, thick, yellow discharge from *posterior nares*.

**Sepia** has the “*stuffed up*” feeling as if coming down with severe cold, but usually has a *dry coryza*. The catarrhal condition being found in the mucous membrane of the vagina.

**Throat and Lungs:**—The mucous

membrane of the throat is practically a continuation of the nasal passages and you have noticed that the posterior nares do not show the involvement of the anterior. The same will apply to the throat and lungs. At first thought one would think they afforded favorable location for the action of this remedy, but the facts bear out the conclusion that their protected position with reference to external or mechanical causes prevents all manipulations except that due to the nervous relaxation. We find a capricious hoarseness, due to reflex irritation. Persistent *cough* after lying down, *relieved by sitting up*, and expectoration of thick, yellow or greenish mucous in the morning. The asthmatic symptoms that are so pronounced under this remedy will be understood when you consider the combined effects of sluggish venous circulation, reflex nerve irritation and the presence of mucous membrane. The characteristics are aggravated while *lying on back; warm room and lack of pure air*.

*Ipecac* need not be confused with the remedy if you bear in mind that the cough is almost *constant* and dependent on the breathing. *Dyspnœa* is due to

the fact that the bronchials are obstructed with mucous *which does not yield to the persistent coughing*. It is especially indicated in the *capillary* bronchitis of children when the face becomes blue from the persistent effort to get air into the lungs. There may be *nausea* associated with the *coughing*, but the cause is reflex in both cases.

*Antimonium carb.* has the *dyspnœa* relieved by *sitting up; rattling of mucous* showing the involvement of the mucous membrane; nausea with the coughing, but the causes are diametrically opposed. Here we have *arterial* congestion, *inflammation* and the tendency to *œdema*.

**Alimentary Canal:** There is nothing peculiar in the derangement of the mucous membrane, so a consideration will be deferred until we compare the action of *Pulsatilla* with other remedies upon the process of digestion.

**Urinary Tract:** Beginning with the kidneys there is no evidence of any serious constitutional disturbance from the venous relaxation. All of the derangement seems due to the action through the nervous system and be considered in connection with the *Sexual Organs*.

#### SEXUAL ORGANS.

**Male Sexual Organs.** We find an itching and swelling of the prepuce and scrotum *without* inflammation. There will be dragging, drawing, tensile, tearing pains in the testes and spermatic cords. The left testicle hangs lower than the right corresponding to the marked predominance of *varicocele* of the left spermatic vein. It is seldom indicated in *varicocele* because of the cause of the disturbance. Testicle is sensitive to slightest pressure. The prominence of seminal emissions are hardly brought out in the provings. It is largely of a *passive* nature, *with or*

*without sexual desire* or dreams and followed by lassitude and heaviness of the limbs.

The mucous discharges partake of the characteristics of the drug.

*Sexual desire* is easily developed in both male and female, but there is no aggressive effort on the part of either. The gratification is usually followed by both mental and physical weakness. As a rule there are no excesses, *but much of the complaints come from the suppression of the desire*.

*Argentum met.* has a *crushed*, bruised pain in the testicles < pressure of



clothing. It also has *seminal* emissions *without* desire from *loss of sexual power*—impotency. It follows after *Pulsatilla* in many instances and in some cases should be given in the place of the more superficial remedy. *Berberis* is another remedy having marked effect upon the *spermatic* cord. It produces a *soft, pulpy swelling* of the left spermatic cord with *drawing, burning* or *tearing* pains extending into the testicle or abdominal ring. It resembles *Pulsatilla* in some respects, with greater emphasis upon the reflex or neuralgic symptom than upon the venous. Upon the sexual organs there is a *shriveling* and *coldness* with diminished desire, because of general weakness. Mucous membrane is dry.

*Clemetis* has *swelling* and *inflammation* of one half of testicle with *sensitiveness* of *right spermatic* cord. *Pinched* or *bruised* sensation in testicle from slightest touch. There is a *thickening* or *drawing up* of the scrotum similar to inflammation following the passage of a foreign substance into the epididymis. Indicated in *suppressed* gonorrhea. Sexual excitement easily aroused by presence of women.

*Rhododendron*. There is nothing in this remedy that corresponds to *Pulsatilla*, but it affects the testicle to a greater degree, but only when the entire system is involved. The *swelling* and *pain* in the *testicle* resembles *Clemetis*, but takes on more of the characteristics from exposure to *cold* and *windy* weather.

*Spongia* more properly comes within the sphere of *Pulsatilla*. The *voluptuous* itching found in various parts of the body finds expression upon the penis and scrotum. The two focal points are the *respiratory* organs and *glandular* system. It seems to have a reflex action upon the *spermatic* cord and testicles, by which there may be a

*swelling* with characteristic *pinching, squeezing, sticking* pains. As a rule you will find *glandular* swellings in other parts of the body, at the same time, which *get better* as the *swelling* of the *testicles* grow worse, and *vice versa*.

**Female Sexual Organs.** Because of the *complexity* of the generative organs of the female the action of *Pulsatilla* is greatly augmented. Because of the *predominance* of the *sexual function* do we find the *focal* point of much of the constitutional disturbance located in the pelvis. The *menstrual* period becomes the cycle around which much of the *functional* activities radiate. We determine the tendency of disease by *comparing* the condition *before, during* and *after* menstruation with a recognized *normal* standard. This remedy gives an excellent opportunity for comparison because of its *prominent* and *direct* action upon the *centres* of *reproduction*.

**Menstruation:** The tendency is towards *anemia* and the menstrual flow differs in no respect from what should be expected when combined with *passive* venous congestion in the fact that it is never two times alike in succession. The flow may be *pale* and *watery*, or *dark, thick* and *clotted*, depending on the controlling causes. There may be complete absence of the flow, as in young girls, or a delay, or suppression from fright, getting feet wet, exposure to dampness, cold, etc. The picture depending entirely upon the causes.

*Beginning, delayed:* *Caust.*, *Con.*, *Ferrum*, *Graph.*, *Kali c.*, *Mag. c.*, *Nat. m.*, *Petrol.*, *Phos.*, *Puls.*, *Sabina*, *Sep.*, *Sulph.*

*Late:* *Agn.*, *Caust.*, *Chel.*, *Ferrum*, *Graph.*, *Kali c.*, *Lyc.*, *Mag. c.*, *Merc.*, *Nat. m.*, *Petrol.*, *Puls.*, *Rhod.*, *Sabina*, *Sep.*, *Sil.*, *Sulph.*, *Val.*

*Scanty:* *Am. c.*, *Caust.*, *Con.*, *Graph.*,

**Kali c., Lyc., Nat. mur., Phos., Puls., Sep., Sil., Sulph.**

*Suppressed:* Am. c., Caust., Con., Graph., Kali c., Lyc., Nat. mur., Phos., Puls., Sep., Sil., Sulph.

*Short:* Am. c., Con., Graph., Phos., Puls., Sulph.

A study of this brief and incomplete comparison will show you what remedies should be compared with Pulsatilla also will reveal the fact that practically the selection of no remedy can be based upon one or two "key notes."

**Amenorrhœa.** The *cause* for the scanty or delayed menstrual flow determines the selection, e.g. *delay* following *getting feet wet* will usually yield to action of Pulsatilla, although *Nat. m., Nux. m.* and *Rhus. t.* are sometimes indicated. In the case of young girls who are pale and give indications of *anemia* or *chlorosis*, you have clear indications governing the selection of the remedy. Especially is this true where the girl has been drugged by *iron. Sepia* is to be thought of *after* Pulsatilla has ceased to work. The mental state of *irritability* or *indifference* being the guiding symptoms. *Natrum mur* will also be thought of, provided *consolation* aggravates the mental condition. If there be *vicarious* menstruation study *Cocc., Bry., Hamamel, Kali carb.* and *Phos.* If the menses shall have been established and *suppression* shall have taken place as the result of *fright*, your first remedy will be *Aconite*, but if the suppression dates back to a fright and has never been re established, *Lycopodium* may be indicated. If suppression be due to exposure, to *cold*, it may be necessary to study *Sulphur* or *Dulcamaria*.

**Before Menstruation.** *Chilliness*, stretching, yawning. Heaviness in abdomen as from a stone. Pressing in rectum like urging to stool. *Cramping*

in *abdomen*, causing her to bend double. If the menses are delayed from any cause, there may be derangement of the stomach with nausea. The mental state run the gamut of peevishness, despondency, silent weeping, with vertigo as if intoxicated. *Greatest disturbance during menstruation.*

**Conium.** Hysterical condition, anxiety, weeping and restlessness. Vertigo if turning over in bed or when lying down. Breasts swollen, hard and painful. Tired all over, especially in limbs.

**Ferrum.** Mental and physical prostration. Profound depression, with stinging headache and roaring in ears. Flashes of heat in face.

**Graphites.** Sadness, with thoughts of death. *Grief* over small things. Where there is *suppression* it is apt to be accompanied with great weight in arms and lower limbs. Aching in abdomen, with feeling of heat. Fatiguing cough. *Greatest disturbance during menstruation.*

**Natrum mur.** Great depression. Terrible sadness, which is *aggravated by consolation*. Tendency to faint, with headache and palpitation of the heart. Qualmishness, with longings for salt or bitter foods, and great thirst. *Emaciation.* Constipation.

**Kali carb.** Delayed menstruation is a *secondary* action of this remedy and ought to be curative when there are no particular symptoms other than the general anasarca and ascites brought out by the suppression. There is soreness of the pudenda before and during the period.

*Sepia* is similar to *Pulsatilla* in the sad and despondent state, also with reference to the chilliness, only it goes farther and may develop a positive *irritability* or *indifference* and the chilliness go so far as to result in actual coldness of *extremities*, especially below the knees. Sleepy in the daytime, but sleeplessness at night. Pain in the ab-

domen as if menses would appear. Shuddering all over the body. Acrid leucorrhœa with soreness of the pudenda.

*Sulphur.* When delayed, we are apt to find constipation with frequent urging to stool that would suggest *Nuxvomica*; irritation, itching, burning at anus; congestive headache with flushed face and cold extremities. If the suppression continues for any length of time the constitutional disturbances become marked.

**During Menstruation:** Mental condition reaches its climax. There is a general aggravation of all the symptoms that existed prior to the beginning of the flow. The explanation seems to point to an unsatisfied condition of nature in the *scanty* flow. There is great *nervousness*; tendency to fainting; *chilliness* increasing with the *labor-like* pains, which do not seem due to any *mechanical* obstruction but purely reflex, extend *through abdomen and back*, constricting everything. We may find *sick headache* increasing with the gastric disturbances—loss of appetite and nausea; or there may be a *semi-lateral* headache involving the region of one eye < evening, mental effort or warmth. The backache is in the *sacral* region and hips and extends up toward the *lumbar* region and is *not relieved by any change in position*, but forces the patient to bend double. The flow is *intermittent* and ceases almost entirely when lying down, also at night. It is *scanty* and changeable in character.

*Actea racemosa.* Mentally low-spirited and irritable. There is tenderness and cramping in hypogastric region, but the pain *centers about the uterus*. It is of a *gripping spasmodic* character, causing the patient to *bend double*. The flow may be *profuse*, but is *dark, coagulated* and *constant*. If *scanty* or suppressed there is great anxiety, *declares she will*

*go crazy, headache as if top would fly off*. Dark circles around the eyes.

*Caulophyllum ital.* No prominent mental symptoms. Tremulous weakness throughout the body. *Spasmodic bearing down* pains increased as flow becomes *scanty*. Pain *radiates from uterus* to different parts. Flow *scanty*, blood very *light* with intense *nausea* and *vomiting* of *yellow bitter* matter. Sympathetic cramp in bowels, rectum and bladder.

*Chamomilla.* Very irritable and disposed to quarrel at slightest provocation. Cutting colic and drawing in thighs *before* with some *dragging* from *sacral* region to *uterus*. *Pains are so severe and sensitiveness to pain so great that patient is almost wild*. Flow may be *suppressed*, but usually *profuse* with *dark, clotted* blood.

*Conium.* Hysterical weeping and laughing. Mental and physical prostration from suppression of desire or excessive sexual indulgences. *Shooting* aching pain in region of *heart*. *Stitching* pain in *breasts*, which are *swollen hard* and *sensitive*. *Nipples sore and tender*. Labor-like pains, extending from abdomen into thighs. Flow *scanty* and consists of *brownish* blood.

*Graphites.* Mental condition unchanged. Pain in *epigastric* region as if everything would be *torn in pieces*. *Bearing down* pains in *abdomen* and *back* > by *motion*. *Excoriation* about *vulva*. *Eruption* on face and skin when menses *suppressed*. Flow very *irregular, scanty* and *dark*. Patient inclined to obesity.

*Lachesis.* Jealous, proud, suspicious. Inclined to be sad and peevish. Great nervous irritability. *Great desire for open air*. Labor like pains as if everything would be *pressed out*. Violent pains in abdomen and small of the back. *Cramps in uterus*. Colic begins in left ovary. Flow *delayed, scanty* and *inter-*

*mittent.* Tendency to hemorrhage during climacteric. (*Sepia*).

*Natrum mur.* No particular change in mental condition. General feeling of discomfort. *Headache* as if forehead would split < coughing or sneezing.

*Sepia.* Melancholy. Great depression. Cramping in abdomen, with much violent bearing down and *with sensa-*

*tion as if everything would come out.* Instinctive crossing of legs prevent. *Pains all better as soon as flow is established.*

*Sulphur.* Great irritability. *Congestion* of head with *heat in vertex.* *Cramping* pains in various parts of the abdomen > *as soon as flow becomes profuse.*

(continued)

## THE BROTHERS—CINNABARIS AND MERCURIUS-SULPHUR.

F. E. GLADWIN, M. D., H. M., PHILADELPHIA, PA.

Who would suppose that Mercurius and Sulphur would ever marry, or if they did that each would choose the other.

Sulphur is such a philosophical woman, always studying out things, inventing things. 'Tis true she is lazy, but laziness "is the mother of invention." Mercurius is just the opposite; he has a slow intellect, he couldn't invent anything if it were to save his life. While Sulphur is lazy and it's a great effort for her to rouse herself to work, Mercurius can't keep still a minute.

As would be expected in such a mismatched pair, she scolds him because he won't keep still and he grimaces, scolds back because she don't keep the house clean. Poor Sulphur never sees a bit of dirt, then she sits and weeps but is quickly penitent, then they make up again and forget the quarrel.

Out of this marriage two children were born. Red Sulphide, known as Cinnabaris, was the first born. He grew up and made wide reputation for himself. He was more like his father. While Sulphate, Mercurius Sulphurius (*Turpethum*) born many years later, is little known and is more like his mother.

Cinnabaris' mind is clear and cheerful but he don't bother his head over metaphysical subjects as his mother does, he is lazy and neglects things, he is easily provoked and irritable, but

don't remain so. In this he is like his mother. Cinnabaris wants to be alone, but he inherits that from both parents.

Mr. and Mrs. Mercurius-Sulphur had great trouble with their children just as they should have expected.

Little Mercurius-Sulphur had a weak stomach, couldn't keep anything down a minute, vomited food and yellow bile. He was more like his father in that respect, though his mother's stomach gave her trouble at times.

Cinnabaris had an occasional sick stomach, then he would belch and feel better; both children felt better after vomiting.

During his second summer, little Mercurius-Sulphur had cholera infantum. How could he escape it with that stomach and a lazy mother. Vomiting and diarrhoea. In diarrhoea he followed his mother's example, the stool coming first thing in the morning, the difference is the mother was driven out of bed by the stool, while Mercurius-Sulphur was already up when the stool came. Expulsion of stool is sudden, stool watery, yellow or white, burning anus. Cinnabaris didn't have cholera infantum, but when he was older he had dysentery. Stools were green mucus or bloody and like his father he was worse at night, but the stool of Cinnabaris stained the skin about the anus copper color, while Mercurius did not.

Little Mercurius-Sulphur had hydrothorax, inherited that from his mother, and like her he suffered from great dyspnœa so that he could not lie down. His attacks were worse in the afternoon, while his mother's attacks came during the night. Cinnabaris being like his father, escaped these attacks.

When the children became older they followed their father's example, joined a club and became "one of the boys," going out nights etc., hence got into trouble just as their father did before them.

Mercurius-Sulphur's specific disease was attended with intense congestion to the parts and swelling of the testicles, but it was easily suppressed.

Cinnabaris succeeded in having his first attack of gonorrhœa suppressed, but he contracted the disease a second time and afterwards added syphilis to that, then there was trouble. He took mercury and iodide of potassium without end, but could not wholly suppress his diseases. The yellowish-green discharge continued a long time; he had syphilitic phymosis in which the prepuce was terribly swollen, became purple and ulcerated; he had sycotic excrescences and when he had finally succeeded in suppressing these demonstrations of his trouble he had syphilitic ulcers in the larynx, gonorrhœal rheumatism, syphilitic iritis, nodosities on the shin-bones etc. Mercurius-Sulphur had ulcers on his ankle and gonorrhœal rheumatism as a result of the suppression of his disease; like his father his pains are worse at night.

Mercurius-Sulphur has much burning; there is burning of the mouth and tongue, burning of the face and ear, burning in the throat, burning in the chest, burning in the abdomen, burning in the anus, and burning in the feet. Cinnabaris has some burning, but not nearly so much as Mercurius-Sulphur.

They are more like their father in this, though their mother has a good deal of burning also. If you should look into Mercurius-Sulphur's mouth you might think it was his father, for you would see the same bluish color of the gums and ulcers, but his mouth is more likely to be dry than the father's. Cinnabaris also has ulcers in the mouth, but they are more likely to be upon the roof and in the throat. Both boys and the father are worse from walking about.

When the family go to bed at night, trouble begins. The father's trouble begins even earlier, for in the evening he notices an itching like flea bites all over the body especially if overheated. He hurries to bed because he feels better when he gets into the cool sheets and soon falls asleep, but as soon as the sheets become warm he awakens, nearly crazy with the itching. He feels a little more comfortable after scratching, but must get out of bed again and let the sheets cool off before he is relieved.

The mother gets nicely settled in bed when her itching begins. It is here, there and everywhere all over the body. She scratches in one place, then another until it bleeds. The scratching is followed by a sticking or burning which she can endure better than the itching. Cinnabaris itches in many places at night, and the more he scratches the worse it itches. Little Mercurius-Sulphur gets off more easily than the others for he itches only on the scalp and nose. The whole family pass restless nights.

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#### Measles—*Rhus tox*.

May 25, 1895. Mr. L., age 35; tall; dark; emaciated; narrow chested; weak, can endure little exertion.

Delicate from babyhood.

Was born with measles; his mother had been nursing his brothers and sisters through measles, had contracted it herself and the

baby born in the midst of her attack had the disease also.

Has had measles several times in his life, even in adult life, contracting it every time he came in contact with it.

Cough chronic, troublesome, his physician diagnosed his case as pulmonary tuberculosis and had warned the family that the next heavy cold he contracted would carry him off.

I was called to the case, first, on May 25th when he had been acutely ill about two days.

Aches and pains all over.

< during the night.

Cough.

Hard, shaking.

Expectoration.

Yellow.

Eyes.

Watery, sore, red on lid edges.

Restless.

Can be in one place only a few minutes at a time, because the pain disturbs him.

< night.

Chilliness.

*Rhus*<sup>45m</sup>

May 26. Aches and pains, restlessness, and chilliness all gone.

Cough very severe, racking.

He is much worried about the cough, it is so much worse than usual.

Rash, typical of measles, is well out upon him.

He made rapid recovery and I haven't had opportunity to prescribe for him since.

Aug. 20, 1901. His wife reported that he had never been so well in his life as since that attack of measles.

He has gained flesh, the chronic cough has disappeared and has not returned. There has been measles all about the neighborhood since but he did not contract it.

It is a very simple case, the *Rhus* so clearly indicated that a tyro would have seen it yet that man had waited thirty-five years, had suffered all his life and was in a far way of dying with pulmonary tuberculosis all because he needed one little powder containing such a small amount of *Rhus* that no research either of microscope or chemistry could have detected it.

The family think the measles cured the cough, but his previous attacks had not cured his cough and he had had several.

I send the case as it illustrates the fact that suppressed acute disease, even if it is "nothing but measles," may produce very serious results. It also illustrates that the Homoeopathic remedy does remove the susceptibility to disease.

F. E. GLADWIN.

#### Parturition—*Kali carb.*—*Pulsatilla.*

Nov. 13, 1894, 9 p.m. Mrs. E., aged 20 years.

Labor pains at 4 p. m.

Every five minutes begins at back go through hips and down thighs.

Backache for last two months, so severe that she wanted to drop down wherever she happened to be for relief.

Has had a cold for last two weeks for which has taken no medicine.

Cough, dry, wakens her toward morning.

Examination shows os dilated to a circle of about two inches in diameter.

*Kali carb*<sup>2cm</sup>

Nov. 14.

Pains ceases shortly after medicine was administered, patient sleeping all night.

Examination this morning shows os closed.

Nov. 27.

Backache and cough disappeared soon after last medicine and has been quite well until now.

Has been in labor several hours, but would not send for the doctor for fear it was a false alarm.

Pains normal, strong every two minutes.

Examination shows os fully dilated.

Head engaged, anterior fontanelle well down and to the front, behind the pubic bone. The pains although strong do not move the child.

Pains were so strong, frequent, and long lasting and there had been so many that the patient, discouraged because the baby didn't come, gave up and began to cry, she declared that the pains didn't move the baby one bit.

*Pulsatilla*<sup>51m</sup>

Pain ceased for five minutes after the medicine had been administered, then came strong and long-lasting. The first pain turned the head to occipito—right anterior, the third pain brought the child into the world.

This case shows the complementary relation that *Pulsatilla* sometimes holds *Kali carb.* It is interesting to note how differently the two remedies conducted the case. *Kali carb.* caused the pains to cease, it closed the os; it relieved the patient of the backache and the cough and put the patient herself into a better condition to bear the trial that was before her.

*Pulsatilla* dried the patient's tears in one minute, in five minutes it had changed the disorderly contractions of the uterus into order, in six minutes it had rotated the head into a better position and in ten minutes more it had expelled the child.

### False Labor Pains—*Pulsatilla*.

July 22, 1900. Mrs. H., aged 39 years; tall, light complexion.

Wants to be in the open air all the time.

Peevish, fretful.

Pregnant eight months.

Sharp pains today in the right ovarian region "as though there was pressure upon a nerve."

< sitting.

< deep breath.

Sensation of skin drawn tight across abdomen says "the baby has gone down."

Examination shows foetus in transverse position.

*Pulsatilla*<sup>51m</sup>

Pain disappeared immediately after the remedy.

Saw her in a few days when examination showed foetus in normal position.

A month later the child was born, the whole labor lasting scarcely an hour.

The sharp pains and tight skin were the two symptoms in this case which were most annoying to the patient and which she wanted removed, but in the prescription neither could be considered as both were due to a mechanical cause. Even the aggravations from sitting and deep breathing in this case only show an increased pressure and could not be considered. The symptoms which show the patient, the peevish, fretful disposition, the < in the open air and even that weak particular, the relaxed condition of some of the muscles of the uterus which permitted the foetus to assume the transverse position all point to *Pulsatilla*, and Mrs. H., being a *Pulsatilla* patient was relieved of all her distress immediately.

F. E. GLADWIN.

**Mania—Aurum metallicum.**

An elderly gentleman entered my office one day to consult upon the case of his son, a young man of 26. This son was naturally what we call a smart fellow. He had always shown precocity of intellect, was a genius in many ways, and especially skilled in music, popular with the opposite sex, and very social. The father gave a grewsome account of his son's trouble, but dwelt particularly upon his extreme irritability and cruel harshness toward his parents, which was the opposite of his natural disposition. I arranged matters so that I was invited to the home, and paved the way for acquaintance with the son. I was prohibited from questioning him for the father said that at the first mention of anything concerning sickness the son would leave the room. He did not consider himself sick, and would not hear of sickness from others. On all other matters he was talkative. I noticed from observing the young man the following:

Talkative. Irritable. Had a habit of walking across the room and back many times in a few minutes, and of taking long walks alone, out of doors at all seasons of day or night. Very nervous. Averse to heat in the house. Craved open air. Much clearing of throat, and spitting of greenish phlegm. Eyes somewhat inflamed, would rub them often as if they itched. Would sometimes put his finger on eye lids when winking. There was a disagreeable odor about him as of urine. Wanted all food and drink warm.

Some of these symptoms led me to suspect there might be specific disease back of them and I carefully interrogated some of his former companions, the most of whom he now seemed to shun. I was confirmed in my suspicions. Driven by the meagre data of the case to do some conjectural reasoning, I

concluded that it was possible the young man might have passed through the typical course of treatment used allopathically, namely, the use of mercury and Iodide of Potassium, and as all the above enumerated symptoms are also Iodide of Potassium symptoms, I chose *Kali Iod.* as the needed remedy whenever opportunity presented to administer it. His father managed to accomplish this by dissolving a powder of *Kali Iod.*<sup>1m</sup> in a teaspoonful of water which was surreptitiously put in the young man's glass of water at meal time, three days, a dose each day.

Some six weeks afterwards, the young fellow came to me voluntarily and after much beating about the bush revealed the fact that he was afflicted with a discharge from the urethra, a bland mucous discharge occurring constantly, with exacerbative emissions at night, complicated with hard, shiny swelling of the right testicle, and much sweating of the genitals. He declared that he had not contracted any gonorrhea. He was very nervous, could not keep still a minute, must walk, walk all the time. Now was the decisive point in the case. Were these symptoms results of *Kali Iod.* forcing the symptoms of previous disease to the surface? If so, was it wise to continue *Kali Iod.* Thinking the man might have previously had *Mercurius* in substantial doses, I decided to combat these symptoms which are mercurial, by administration of *Mercurius*, and he was given a dose, a high potency, with a supply of *Placebo*. Everything progressed favorably for four or five weeks, when his father came to tell me that his son was in a very bad state. He seemed well physically, but his mental state was alarming. He threatened to take his own life, was deeply melancholic, would eat nothing prepared by others, claiming they were trying to poison him, was very quarrel-



some, slack and foul about his person, his hair falling out greatly, the sound of music, which he previously loved so much, would now make him angry, would fly into passion at the least contradiction, and now craved much heat, sitting about the stove brooding on his troubles and talking suicide. I now

thought of *Aurum met.* and he was given, in the course of two months, six doses of the 30th. He gradually improved, and in nine months time was cured, and is now the proprietor of a large music store in a populous city, in his right mind and in rugged health.

W. W. GLEASON.

### *Crætagus-oxycantha*.

The frequency with which we are reminded in our journal reading of the fact that the day of provings is past, and that upon clinical work must we chiefly depend for our knowledge of the newer remedies, is the occasion of this effort to extend the symptomatology of *crætagus-oxycantha*.

Mrs. S. H., widow, small stature, age 36, presented Nov. 8, 1900; so stiff and so feeble that she was half-carried into the office. In addition to the usual symptoms of arthritic rheumatism, she complained of a distressing roaring in her head and of night-sweats. Has been practically helpless for two months. Pains are right-sided with general < from 1 p. m. until bedtime. Asserts that she has lost flesh, and it is apparent that a small effort exhausts her, yet there is some > of pain when she can keep in motion awhile. A chest examination eliminated any lung lesion, and I made the mistake of prescribing *Rhus. tox.* For the month following there was a varying > of joint pains, but the patient herself was no better.

December 11. Complained for the first time of dull pains from the region of heart into axilla, at times through left shoulder and down arm; has been present for four days. < lying on left side; at times cannot lie on either side.

Applied heat > pain in arm and shoulder.

Warm room < patient, causing vertigo and faintness.

Heart sounds were purring murmurs,

instead of clear sounds.

Heart beat and pulse not synchronous.

Trembling carotids.

Dyspnœa distressing even when lying with head high.

Appetite wholly lost.

Patient so weak she lies for hours without changing position.

Slightest motion < her.

Seldom speaks; irritable when spoken to and at all efforts to make her comfortable.

"Wants to be let alone."

*Spigelia*<sup>cm</sup> was the prescription, three doses in all during the six weeks that followed. Deeming a concentrated food essential with so much anemia and debility, the patient was sustained during these weeks wholly on Perfection Liquid Food, which she could only be induced to take on the plea that it was medicine that would make her less nervous and enable her to sleep.

January 19, 1901. Cold and damp, which <.

Heart failure imminent.

For no better reason than that I had heard about it as a "heart" remedy, I exhibited *Crætagus-oxycantha*<sup>11m</sup> (G), one dose on tongue, leaving the usual amount of *placebo*. A surprising improvement in respiration was apparent within the hour; a quiet sleep followed, and the heart pains abated for five days. The dose was repeated with their return.

February 8th. Good appetite. No

pain. Some muscular stiffness, but can use hands and lower limbs to help herself, and crawls from chair to bed.

February 23d. Reports: "Not so well." *Crotagus-oxycantha*<sup>16m</sup> (G).

April 1st. Is now following her trade—milliner. So stout I did not recognize her at first glance as she came into the office. "Felt oppressed in chest last night and wants the heart powder."

Since April 29th she has had no medicine.

Is the heart lesion cured? I do not know. But of her present condition, (shall I say "of servitude," since she has married a small farmer and is doing the domestic labor that usually falls to the lot of such), I can say by paraphrasing the utterance of a modern novelist: The prescriber is not *half* bad who does *three-quarters* of his whole duty.

JULIA H. BASS, M. D.

Austin, Texas.

## Editorial.

### MEDICAL TREATMENT OF PRESIDENT MCKINLEY.

The President was of a nervo bilious temperament and took on fat (fatty infiltration), becoming quite obese. This condition of the body tells of a forceful, if not rapid, heart that sooner or later causes cardiac hypertrophy, dilation and fatty degeneration as well as infiltration. We are told that when nervous he had a very rapid heart.

Such a body was wounded at short range and he fell, or would have fallen had he not been supported. That tells us that the heart's action was arrested. He was shot at 4:07 p. m. and the pulse record at 4:45 p. m. was 84. (We quote from the official record). The ball entered the abdomen at the left of the median line about half way between the left nipple and the umbilicus, taking a downward, backward and outward direction. At 4:30 p. m. he was given hypodermically .01 gm of morphine and .002 gm. of strychnine. He had no particular pain and soon was under the influence of the opiate. (Why was it given)? At 5:29 the operation began under ether. The incision began at the ribs and was nearly parallel with the median line of the body. The stomach was wounded twice, the ball passing through the great curvature, slightly

wounding the kidney and, it is thought, the pancreas. At 5:38 p. m. .002 gm strychnine was again given. At 5:55 the respiration was 32, pulse 84, both of good character. At 6:09 the pulse was 88; at 6:20 it was 102, fair, respiration 39. At 6:22 was administered 1.50 gm of brandy. At 6:48 the pulse was 124, the tension good, but quick; respiration 36. At 6:50 the operation was completed. At 7:01 the pulse was 122 and the respiration 32. At 7:17 there was given .04 of morphine. At 7:32 the patient was removed to the private residence of Mr. Milburn. In suturing the stomach, part of its contents escaped into the abdomen, but was carefully mopped out. We are told that introducing the arm into the cavity had a bad effect upon the pulse. The pulse at this time was 127, temperature 100.6 and respiration 30. At 8:28 he was given .016 gm of morphine. There was slight nausea. During the night he slept at intervals, vomited occasionally, but rallied satisfactorily; occasional slight pain. An enema of salt solution was given and retained; slept free from pain.

Second day, 6:00 a. m., temperature 102, pulse 110, respiration 24; expelled gas in large amount; saline enema.

During forenoon .01 gm morphine was given. At 1:15 p. m. saline enema 500 cc. As the pulse was *rising* .06 gm fl. ext. digitalis was given hypodermically. At 6:30 p. m. the patient complained of intense pain in the epigasttric region, and .08 gm morph. sulph. was given. He was very restless, after sponging rested again. Now pulse 130, temperature 102.5, respiration 29. During the day the digitalis, morphine and saline enemas were kept up at regular intervals. (How much and how often record does not tell). At 10:30 comatose 4 gm was given with enema. At 11:15 p. m. stool, greenish colored fluid, fecal matter.

Third day, restless, confused, a little chilly. Digitalis was continued. (How much and how often record does not state). At 7:45 strychnine, .002 gm was given. At 8:20 pulse strong and of good character; at 8:30 the record states that the pulse was 132, temperature 102.8, respiration 24. There was some oozing and the bullet track was syringed with peroxide of hydrogen. At 10:40 enema of Epsom salts, glycerine and water brought away some gas and small stool; at noon another. Pulse 128, temperature 101, respiration 27. At 4:45 he was given a teaspoonful of water and an enema of sweet oil, *soap* and water. That produced a slightly colored fluid, some fecal matter and *mucus*. After this he had a small quantity of water and at 6:20 a nutritive enema of egg, *whiskey* and water, which was partly retained. Digitalis and strychnine were both given during the evening. At 9:00 p. m. pulse was 130, temperature 101.6, respiration 30. During the day 420 c.c. of urine was passed. The urinalysis showed a specific gravity of 1.026, with strongly acid reaction, with but a mere trace of albumin and no sugar. Indican, however, was abundant. The other constituents were

normal. Microscopic examination showed a few small, finely granular casts and many large crystals of uric acid and bacteria.

Fourth day, Monday, Sept. 9, the bulletins at 6:00 and 9:30 a. m., 3:00 and 9:30 p. m. recited that the President's condition steadily improved throughout the day. His pulse dropped from 120 to 112 and his respiration rose from 26 to 28, temperature remaining practically constant at 101, varying but .2 of a degree. Codeine was substituted for morphine, and the digitalis and strychnine were stopped. Nutritive enemas were given at 3:20 a. m. and 4:30 and 10:00 p. m. Following a small dose of calomel and a high enema of oxgall he had a large, partly formed stool. The third urinalysis showed a decrease in indican and uric acid crystals and no other important changes.

Fifth day, Tuesday, Sept. 10. The President passed the most restful night since he was shot. On awakening his mind was clear and he was cheerful. The nutritive enemas were kept up and water was given by the mouth. The only medicine was one dose of cod. phos. .015 gm. In the evening the dressings of the wound were examined and it was thought best to remove four stitches and separate the edges of the wound. There was a little slough near the bullet track an inch wide. The separation extended down to the muscle. Otherwise the surfaces were healthy but not granulating. The parts were packed with iodoform gauze and closed with adhesive straps.

Sixth day, Wednesday, Sept. 11. The President rested well and took beef juice with great satisfaction. His temperature stood at 100.2 all day, pulse was regular at 116, but rose to 120 at night. The blood count was, leucocytes 9752; red cells 3,920,000. At 10:00 a. m. the wound was redressed and

seemed to be doing well. The patient slept much during the day and seemed comfortable. The rectum would not contain the enemas. The fourth urinalysis showed a larger quantity (750 c. c.), an increase in albumin, indican and cylindroid cells, but no other change.

Seventh day. The President now seemed at his best and his condition appeared to justify the most favorable prognosis. The beef juice was continued with the addition of a little chicken broth. He also had some whiskey and water. At 8:30 a. m. he was given chicken broth, a very small piece of toast; and a small cup of coffee. He ate but a little of the toast. The only unfavorable symptom was the rapid pulse, but it was known that it was naturally high and easily excited. [Nervous tobacco heart]. At noon the pulse weakened and an infusion of digitalis, 8 c. c., and strychnine, .002 gm, was given. In spite of this the pulse went to 130 and grew weaker. At midnight, however, the unfavorable condition was improved. The fifth urinalysis showed the indican to be decreased and the earthy phosphates to be much increased.

Eighth day. At midnight the pulse was fairly good, 132. Strychnine and whiskey were given at intervals and hypodermics of camphorated oil. At 2:50 a. m. his condition gave rise to the gravest apprehension, and his heart did not respond to stimulation. At 10:00 a. m. two pints normal salt solution were given under the skin and one pint containing adrenalin. At 3:00 p. m. nitroglycerin and camphor were injected at various times, together with brandy and strychnine. At 3:30 p. m. his pulse grew weaker and at 5:00 oxygen was administered. At 6:30 p. m. the last bulletin was issued, saying that unless the profound depression could be relieved his death must shortly super-

vene. At 10:00 the President lost consciousness and the oxygen was discontinued. He became weaker and weaker and died at 2:15 a. m., September 14, 1901.

The post mortem showed necrosed tissue along the track of the bullet and at the top of the left kidney. In this region was a large, irregular cavity, "the walls of which were covered with a grey, shiny material, in which were found fragments of necrotic tissue." The heart "was covered with a well developed panniculus." It was soft and flabby. The mitral valve admitted three fingers. [Two fingers only can be admitted through the normal mitral valve. This shows dilation]. The muscular tissue was infiltrated with fat, also showing fatty degeneration and brown atrophy.

In reading the above abstract of the official record, the inquiry arises, why an enema was not given before the operation, and also why morphine and strychnine were given before the operation. These are anti-dotal drugs and if one was indicated the other was not. The *old* idea of digitalis was followed, and the case did better when its use was stopped. The frequent enemas must have annoyed and weakened the patient. He did not need nourishment. The gases could have been drawn off with a catheter. The giving of calomel was a sad mistake; the same can be said of the food by mouth and the castor oil on the seventh day and at noon of the eighth.

The medical treatment of this case savored of the old, old school. We have wondered what would have been the result had he been given *staphisagria* after the operation, and small amounts of water, leaving the bowels alone. What have our surgeons to say?

This case is a striking illustration of the fact that the most brilliant operation

may fail when the medical management is not equal to the surgical. We cannot overlook the fact that the weakened tobacco heart made the subject a bad one.

The small doses of medicine given show a progress in old school thera-

peutics, but they are still guided by contraria. It is to be regretted that modern scientific medicine (Homœopathy) could not have been summoned to help save the life of such a great and good man.  
D.

## NEW MEDICAL PRACTICE LAW IN KANSAS.

An act to create a state board of medical registration and examination and to regulate the practice of medicine, surgery and osteopathy in the State of Kansas, prescribing penalties for the violation thereof, and repealing chapter 68 of the Session Laws of 1870:

Sec. 2. All persons engaged in the practice of medicine on the date of the passage of this act, shall *within four months from the date of such passage*, apply to the board of registration and examination for a license to practice. To all such as present the following qualifications, the board shall issue a license upon payment of fee hereinafter specified: If a graduate in medicine or surgery, he shall either personally or by letter or proxy present his diploma to the state board of medical registration and examination for verification. Accompanying such diploma the applicant shall file his affidavit duly attested, stating that the applicant is the person named in the diploma and is the lawful possessor of the same, and giving his age and time spent in the study of medicine. If the board shall find the diploma to be genuine, and from a legally chartered medical institution, in good standing, as determined by the board, and the person named therein, be the person holding and presenting the same, the board shall issue its certificate to that effect, signed by its president and secretary, which, when left for record with the county clerk of the county in which said applicant practices, as here-

inafter required, shall be conclusive evidence that its owner is entitled to practice medicine and surgery in the state. If a practitioner of medicine, in Kansas, at the time of the passage of this act, but not a graduate of medicine or surgery as above defined, he shall either personally or by letter or proxy, furnish the board affidavits duly attested, stating the period during which, and the places at which he has been engaged in the practice of medicine or surgery. If the board is satisfied from the affidavit and other information received that the applicant was a resident engaged continuously in the practice of medicine in the State of Kansas, for seven years prior to the passage of this act, it shall issue its certificate to that effect, which when left for record with the county clerk of the county in which he resides shall be conclusive evidence that its owner is entitled to practice medicine and surgery in this state. If engaged in the practice of medicine in this state at the time of the passage of this act for a less period than seven years, prior to the passage of this act, and not a graduate in medicine or surgery as above defined, the applicant shall present himself before the board and submit to such examination as to his qualifications for the practice of medicine and surgery as the board may require. If the applicant passes the examination satisfactory to the board, the board shall issue its certificate to that effect, which, when left for record

with the county clerk of the county in which he resides shall entitle its owner to practice medicine or surgery in this state. The board may refuse to grant a certificate to any person guilty of felony or gross immorality or addicted to the liquor or drug habit to such a degree as to render him unfit to practice medicine or surgery and may after notice and hearing revoke the certificate for like cause.

Sec. 3. All persons intending to practice medicine, surgery or osteopathy after the passage of this act, and all persons who shall not have complied with Section 2 of this act shall apply to said board at any regular meeting or at any other time or place as may be designated by the board for a license. Application shall be made in writing, and shall be accompanied by the fee hereinafter specified, together with the age and residence of the applicant, proof that he or she is of good moral character and satisfactory evidence that he or she has devoted not less than three periods of six months each, no two within the same twelve months, or if after April 1, 1902, four periods of not less than six months each, no two in the same twelve months to the study of medicine and surgery. All such candidates, except as hereinafter provided shall submit to an examination of a character to test their qualifications as practitioners of medicine or surgery, and which shall embrace all those topics and subjects a knowledge of which is generally required by reputable medical colleges of the United States for the degree of Doctor of Medicine; provided, that the examination in materia medica and therapeutics and in the theory and practice of medicine shall be conducted by those members only of the board who are of the same school of practice as the applicant claims to follow; provided, further, that graduates of legally

chartered medical institutions of the United States or foreign countries in good standing, as determined by the board may be, at the discretion of the board, granted a license without examination; provided, further, that any graduate of a legally chartered school of osteopathy wherein the requirements for the giving of a diploma shall include a course of instruction of not less than four terms of five months each, in two or more separate years, shall be given a certificate of license to practice osteopathy upon the presentation of such diploma; provided, further, that the board may in its discretion accept, in lieu of examination or diploma, the certificate of the board of registration and examination of any other state or territory, of the United States or any foreign country whose standards of qualifications for practice are equivalent to those of this state; provided, that a temporary certificate may be issued to any student of medicine, or practitioner of medicine, who is not qualified under the law upon the written request of a majority of the practitioners of medicine under this act in the county in which he or she desires to practice, or if there be no practitioners registered under this act in any county in this state, the board shall issue a temporary permit to persons above described upon the application of the Board of County Commissioners of said county.

Sec. 4. Upon the completion of the examination or the acceptance of the diploma or certificate as herein provided, the said board shall, if it finds the applicant qualified, grant and issue a certificate to said applicant to practice medicine and surgery or osteopathy within this state, and which shall be signed by the president and secretary and attested by the seal of the board. Within thirty days of the date of any certificate of license having been granted

and issued by the board, the owner thereof shall have it recorded as herein-after provided, in the office of the clerk of the county in which he resides, or if a non-resident of this state, then of the county in which he has an office or intends to practice, and the date of recording shall be indorsed thereon, and until such certificate or license is recorded he shall not exercise any of the rights or privileges therein conferred. The county clerk shall keep in a book for the purpose, a complete list of the certificates recorded by him, which book shall be open to public inspection during business hours. Between the first and twentieth days of December in each year, the county clerk shall furnish the secretary of the board a list of all certificates recorded, and in force, and also a list of all certificates which have been revoked, or the owners of which have removed from the county or died during the year. The fee for the recording and reporting of such certificates shall not exceed one dollar.

Sec. 5. The fee for the issuance of a certificate to all those found qualified to practice medicine, surgery or osteopathy without examination as provided under Section 2, shall be two dollars. The fee for examination shall be fixed by the board, but shall not exceed fifteen dollars. The fee for examination of diploma, or certificate from an examining board of another state, shall also be fixed by the board, but shall not exceed ten dollars. All moneys received by the board shall be paid by the secretary thereof into the state treasury monthly. The compensation and actual traveling and other expenses of the board shall be paid from the treasury of the state; provided, that the total amount paid from the state treasury under the provisions of this act shall not exceed the amount paid into the treasury as herein provided. The com-

pensation of the members of the board shall be six dollars for every day actually spent in the discharge of their duties. In addition to his actual traveling expenses, the secretary shall receive a salary to be fixed by the board, but it shall not exceed eight hundred dollars per annum. All of such compensation and traveling expenses shall be approved by the president and secretary of the board. It shall be the duty of said board to make a report of their proceedings to the Governor annually on or before the 15th of November, which report shall include an account of all moneys received and disbursed by them.

Sec. 6. From and after the 1st day of September, 1901, any person who shall practice medicine and surgery or osteopathy in the state of Kansas without having received and had recorded a certificate under the provisions of this act, or any person violating any of the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall pay a fine of not less than fifty dollars nor more than two hundred dollars for each offense and in no case wherein this act shall have been violated shall any person so violating receive compensation for services rendered. It shall be the duty of the secretary of the state board of registration and examination to see that this act is enforced.

Sec. 7. Any person who shall swear falsely in any affidavit or oral testimony made or given by virtue of the provisions of this act, or the regulations of said board of registration shall be deemed guilty of perjury.

Sec. 8. Chapter 65 of the Session Laws of 1870 is hereby repealed.

Sec. 9. This act shall take effect and be in force from and after its publication in the official state paper.

Approved March 1st, 1901.

Published in official state paper Mar. 22d, 1901.

## Book Reviews.

**A Treatise on the Acute, Infectious Exanthemata.** Including Variola, Rubeola, Scarlatina, and Rubella, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By William T. Corlett, M. D., L. R. C. P. Lond. Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 Colored Plates, 28 Half-tone Plates from Life, and 2 Engravings. Pages viii-392. Size 8¼ by 9¼ inches. Sold only by subscription. Price, Extra Cloth, \$4.00 net, Delivered. Philadelphia. F. A. Davis Company, Publishers, 1914-16 Cherry street.

In the above work the author has kept in mind the fact that the subject matter treated is one in which medical students have very little opportunity for clinical study and bedside demonstration; hence, very little is left to be taken for granted, and all the modifications and complications are concisely set forth.

Recognizing the fact that indiscriminate vaccination is not an unmixed good, the author describes a dozen complications and sequelæ which are pointed out so they may be guarded against.

Taken as a whole, the work is a distinct addition to the literature on the subject, and presents in a compact form, the knowledge necessary to the busy practitioner as well as the one who wishes to broaden his knowledge of the subject.

The colored and half-tone illustrations throughout the book will be found a great help in diagnosing the various stages of the diseases described. Typographically the volume is all that can be desired.

**International Clinics**, a Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and Other Topics of Interest to Students and Practitioners by Leading Members of the Medical Profession throughout the World.

Volume II, Eleventh Series, 1901, of the above, has just been issued by J. B. Lippincott Company of Philadelphia. The value of the above volume to the general practitioner will be recognized when we mention that among the contributors are J. W. Ballantyne, M. D., F. R. C. P. E., F. R. S., of Edinburgh; A. D. Blackader, A.D., M. D., of Montreal; B. Meade Bolton, M.D., of the University of Missouri; A. Broca, M. D., Paris; R. C. Ruist, M.A., M.D., Dublin; Santiago Ramon y Cajal, of Madrid; W. E. Casselberry, M. D., Chicago; John B. Deaver, M. D., Philadelphia; W. A. Newman Doreland, M.D., Philadelphia; Carstairs Douglas, M. D., Edinburgh, and more than a dozen others who are equally as well known in the world of medicine. These volumes are especially valuable to the busy practitioner who completed his medical college education over ten years ago, as they contain the results of the latest investigations in the various branches of the science of medicine. In other words, these volumes are supplementary text books on the subjects treated, covering the whole range of medicine and surgery, brought down to the birth of the twentieth century.



## EDITOR'S TABLE.

As the result of a runaway, Dr. W. B. Webb of Beaver Dam, Wis., sustained severe injuries, confining him to his bed for several days.

Dr. Mabelle M. Park has accepted the position of assistant at the Waukesha, Wis., Springs Sanitarium, for which she is eminently fitted.

Dr. Theresa K. Jennings, after investigating numerous localities, has finally decided to practice her profession in Chicago, and is located at 1307 North avenue.

Dr. A. C. Halphide, author of "Mind and Body," is permanently located at 1020 E. Fifty-ninth street, near Calumet avenue, this city. Office hours, 10 a. m. to 8 p. m., Telephone, Normal 1491.

Dr. C. Crighton of Eau Claire, Mich., has purchased the practice of Dr. E. H. Brooks of Bloomington, Wis. The latter will attend the Chicago Eye and Ear College and then return to Wisconsin to practice his specialty.

It is the pleasant duty of the *ADVOCATE* to welcome the Medical Magazine of Milwaukee, Wis., into the family of Homoeopathic journals. If the policy outlined in Vol. 1, No. 1, dated Sept. 15, and the quantity and quality of the contributions are maintained, nothing but a useful future for this lusty infant can be predicted.

In addition to the grape and damson seeds, Dr. Sharpin of Brighton, Eng., states that the use of enameled (granite) ware is a prolific cause of appendicitis. When heated the iron and enamel expand unequally, the enamel cracks and large or small splinters, resembling glass, enters the food cooked in such utensils. This is thought to be the cause of the present increase in the number of cases of appendicitis or inflammation of the vermiform appendix.

Sixty nine applicants for license to practice medicine appeared before the Iowa State Board July 23-24. Only five were rejected.

Dr. A. O. Miller, class 1901, Cleveland Homoeopathic Medical College, has located at corner of Capital avenue and Sixth street, Springfield, Ill.

The remedy for "substitution" lies largely with the physician. If a case of substitution comes to his knowledge, the fact should be reported to his local society and his brethren warned against the offending druggist.

Women are accorded full suffrage in four of the United States, and in New Zealand, West Australia, South Australia, Madras and the Isle of Man. Partial suffrage has been given in twenty-six of the United States, and in many foreign countries.

Location.—A well established practice within twenty-five miles of Cincinnati, Ohio. Present incumbent wishes a warmer climate on account of La-Grippe attacks every winter. Address "Location," care of Thomas M. Stewart, M. D., Secretary Pulte Medical College, 704 Elm street, Cincinnati, Ohio.

Mr. Robert A. Wood, in the September *Arena*, draws a parallel between two great financiers, John Law of the eighteenth century, and J. P. Morgan of the twentieth century. Mr. Wood points out the general similarity of the methods of the former, which culminated in the "Mississippi Bubble," and Morgan's financial exploitations of the present. Over-capitalization might be charged as the cause of Law's failure, and in 1719 he had accomplished in the world of finance substantially what Morgan has in 1901. Will the latter end as did the former?

Dr. Emory Lamphear of St. Louis has fitted up his former offices at No. 3727 Finney avenue, to be temporarily used as the Woman's Hospital of Missouri.

Miss Lavinia Hingston has opened an office in the Chamber of Commerce, room 1308, where she is prepared to do general and medical stenographic work. Telephone, Main 4204.

Edith R. Hornberger, class of '96, Cleveland Homoeopathic Medical College, on July 30, married Rev. Frank D. Wolfe. As the result of an ante-nuptial agreement, the next five years of the couple's lives will be spent in the wilds of the Dark Continent as missionaries.

The foundation of the dam that confines the waters of the Croton river, from which New York City obtains its water supply, is 134 feet below the river bed. Width of the dam at the foundation is 216 feet; height of dam, 300 feet; length of dam, 1,050 feet, nearly one-fifth of a mile.

Two physicians of Manasquan employed a female nurse to wait upon a woman and her daughter, at the time of her employment the physicians stating there was no danger of infection. The patients had smallpox, which the nurse contracted. She now sues the two physicians for \$10,000.

An investigation of school children ranging in ages from five to seven years illustrates the power of environment in fixing ideas of right and wrong. The boys' definitions of wrong-doing were stealing, fighting, kicking, breaking windows and getting drunk. The girls examined thought wrong doing consisted in failure to comb the hair, to get butter on one's dress and to climb trees.

After an absence of eight months Dr. E. R. Kellogg can again be found at suite 1002 Stewart building, 92 98 State street; telephone Central 1591.

It is just as impossible for man to pass over the Lake of Impurity without dying morally as it was for a bird to fly across Lake Avernus in the "Valley of Poisons."

The external (imports and exports) trade of the four leading nations of the world is as follows: Great Britain and her colonies, £1,472,077,572; the United States, £527,885,000; Germany, £498,540,000; France, £229,462,480.

Samuel J. Randall was one of the few men who served his country for a long period who died poor. His services to state and country covered 30 years, and his estate was appraised at less than \$1,000. What a contrast between this record and that of some now living who, as a result of "serving" their country a much shorter time, count their wealth by the millions.

The meeting of the Southern Homoeopathic Medical Association was held at Atlanta, Ga., October 22, 23, 24. The Inter State Fair and the Horse Show take place at the same time. The meeting promises to be largely attended and interesting. The *Advocate* is assured that physicians from the north desiring to locate in the larger field offered by the South, will be accorded all the assistance possible by the officers and members of the association. On account of the congested condition of the Atlanta hostelrys during the meeting of the association all physicians from a distance attending should write to Mrs. S. M. Hicks, M. D., second Vice-president Southern Homoeopathic Medical Association, care the Grand, Atlanta, who will secure such hotel accommodations as may be desired.

The Pan-American congress will meet in the City of Mexico October 22.

On August 23, for the first time in Alabama, white men were indicted for the lynching of a negro.

The widening of the scope of the daily newspaper and the monthly magazine has almost eliminated the usefulness of the popular lecturer of twenty five years ago.

Vice-President Roosevelt, at Buffalo, N. Y., took the oath of office as President of the United States on September 16, the day of President McKinley's death.

Capitalism has superseded feudalism. When there are no new markets to be absorbed, capitalism must collapse. What shall succeed it, the brotherhood of humanity or anarchism?

The genuine oriental ruby is worth from ten to twenty times as much as a diamond of the same weight. The largest ruby in Europe is said to be the property of the Czar of Russia.

Mr. Hudson Maxim claims that his new invention, maxinite, a high explosive just adopted by the United States government, will revolutionize naval architecture, as no armor can resist its effects. A shell loaded with maxinite can be thrown through the thickest armor plate and the maxinite will not explode until the inside of the ship is reached.

In addition to the danger of revolutions, to which all Latin American countries are subject, Mr. Edmond Wood predicts that Cuba, if allowed independent government, will not prosper, because her revenues will decrease proportionately with increased expenses; public schools will be neglected; excellent sanitary measures now under way will not be intelligently prosecuted, and the country will retrograde.

Mr. John Muir, the naturalist, says the sequoia, California's "Big Redwood," attains its full growth in about 1,500 years and is old on its three thousandth birthday. One tree near King river is over 1,000 years old; it measures 38 feet 8 inches in diameter, exclusive of bark.

The Pan-American exposition stands pre eminent, first, on account of its wonderful electric lighting effects; second, the unity of architecture; third, the color scheme; and fourth, for its unique sculpture scheme. The "color scheme" has never before been applied to an architectural creation of such magnitude.

According to Dr. A. P. Grinnell of Burlington, Vt., who has made an exhaustive study of the subject, the prohibition of the sale of intoxicating liquors has enormously stimulated the sale of drug stimulants in that state. Not considering the consequent increased consumption of tea, coffee and tobacco, the pharmacies sell monthly to regular retail customers an average of and one half doses of opium to every man and woman in the state each day in the year. This does not include the amount obtained on physicians' prescriptions or in patent medicines. The amount of quinine sold daily is sufficient to supply two grains to each man and woman. Besides the two drugs mentioned the sales of cocaine, morphine, Dover's powders, paregoric, laudanum, chloral, Indian hemp and the stimulants contained in many table condiments equal an equivalent of \$1.38 worth of liquor for each person in the state. Dr. Grinnell's conclusion is that the reformers, if they wish to prevent intemperance, must broaden their field of operations, and not direct their efforts solely to the extermination of the liquor habit.

The underwriting syndicate that successfully united the steel industries into the billion dollar trust received \$10,000,000 for its work.

Fruits, such as peaches, oranges, pears and apples, from California are transported to Paris, London, Berlin and other European centres and laid down in more appetizing condition than fruits from Italy and Spain.

Russia has pressed so many Finnish young men into the military service that not enough are left to till the soil. As a consequence, the people are at times in distress from hunger, which condition was never known when Finland was self-governing or was a part of Sweden, by all of which the short sighted selfishness of the Russian policy is shown.

Late experiments and observations made by mathematicians and physicists tend to change the commonly accepted belief that the depth of the earth's atmosphere is 47 miles. Meteors have been observed at a celsitude of more than 200 miles, and as they only become incandescent when they come in contact with the air, the calculation of those who claim a depth of 200 miles for terrestrial atmosphere seems to be correct.

Captain Ebenezer Webster, despairing of ever making anything out of his son Dan, allowed him to read books, and finally sent the boy to the Phillips Exeter Academy. Here his greatest difficulty was in declaiming. Notwithstanding conscientious commital to memory and rehearsal, when called upon Dan was rooted to his seat. After graduation at Dartmouth at the age of 19, to defray expenses during his study of law, he took charge of an academy at \$1 a day, and paid his board by copying deeds. His spare money during this time was spent in helping his brother Zeke through college.

Delaware court records show that the whipping-post is a great deterrent of crime. It is also economical, as shorter terms of imprisonment accompany whippings, and thus the burden upon the community is lightened.

One by one, the barriers erected against Homoeopathy are being removed. Not so long ago that the memory of man runneth not to the contrary, insurance companies and fraternal societies would not employ a Homoeopath as medical examiner. The feeling that prompted this action has died out in all the progressive companies and societies. The latest instance of this is the selection of Susan F. Rose, an 1875 graduate of Cleveland Homoeopathic Medical College, to be supreme medical examiner of the Ladies of the Maccabees, with headquarters at Port Huron, Mich.

The 14th annual session of the American Association of Orificial Surgeons occurred in Chicago September 18th and 19th. A large number were in attendance, and the well-filled program was productive of much discussion and contained much information along the line of the orificial philosophy that was of interest to the profession. Occurring as it did, during the week of Prof. Pratt's September course in Orificial Surgery, it proved a veritable Mecca for all, the disciples of this great and good man and most wonderful teacher. Dr. W. G. Bloyer of Cincinnati presided with dignity and ability. The officers elected for the ensuing year are: President, Henry C. Aldrich, Minneapolis; Vice-presidents, G. R. Herkimer, Dowagiac, Mich., G. N. Shoemaker, Lincoln, Neb.; Secretary, R. St. J. Perry, Farmington, Minn.; Treasurer, T. E. Costain, Chicago. It is expected that the transactions will be published in pamphlet form. A large number of new members joined during the season.

The three leading scholars in the 1901 class at Harvard were two Germans and a Swede.

Yale University celebrated the two hundredth anniversary of her birth October 20-23.

Four hundred human lives, \$75,000,-000 and two hundred ships have been lost in the fruitless efforts to find the North Pole.

Galusha A. Grow, the author of the homestead law, which made it possible to settle the great West, is still a member of congress from Pennsylvania.

Senor Santos Dumont, the inventor of the type of flying machine from which so much is expected, is a Brazilian by nativity, and was a student in a United States educational institution.

Since the foundation of the U. S. mint in Philadelphia, in 1792 to June 30, 1900, there have been coined \$2,-996,763,252.27, of which \$2,167,088,-113 was gold, \$796,171,159.55 silver, and minor coinage amounting to \$33,-503,969.72.

John Brisben Walker in the September *Cosmopolitan* says the submarine boat, wireless telegraphy, telephoning under the sea, the X-ray, the high-pressure 20-mile gun, the small-bore rifle, the baby incubator, the automobile and acetylene gas are the nine great inventions given to the world since the Chicago World's Fair.

Senator Beveridge of Indiana started to college with only \$50, that being borrowed. Acting as steward for a college club, a prize essay, working in the harvest field and other outside work carried him through. President Schurman of Cornell worked three years to get \$80 with which to start to college. He won a scholarship worth \$60 a year and kept books evenings to make up the deficiency.

In the 126 years of the organized existence of the American army, nearly five million men have worn the American uniform. Five great wars have been fought and won. The army has furnished twelve of the twenty-five presidents.

To prevent what has heretofore been the bane to the development of the South Pacific islands, Lieut. Tilley, U. S. N., governor of the province of Tutuila, has excluded all intoxicants from the island. Tutuila is one of the Samoan group recently secured by this country.

The entire German navy has been built up during the reign of the present kaiser. By 1916 it will consist of 38 first class battleships, 72 cruisers, besides numerous auxiliary warships. England now has only 49 battleships less than twenty-five years old. As many of the 49 are not what would be considered modern vessels, in fifteen years the German navy will be nearly a match for the English.

Heretofore graduates of our naval academy at Annapolis have gone to Europe when they desired an advanced course in naval architecture. Hereafter they will go to the Massachusetts Institute of Technology, Boston, or to the naval school of the University of Michigan at Ann Arbor.

Government measurements show that at its lowest stage the Colorado river carries water enough to irrigate eight million acres. Based on this fact, Mr. William E. Smythe thinks that what is now termed the arid region will constitute the future power of the Southwest, and that cheap power and irrigation will bring into existence towns, manufacturing and a dense agricultural population. Irrigation operations already instituted in Colorado give color of truth to Mr. Smythe's prediction.

While much deserved praise has been accorded Mr. C. Y. Turner for his color scheme in handsomely decorating the outside of the buildings of the Pan-American Exposition, comparatively little has been said of the equally harmonious inside decoration. It may not be generally known, but the artistic inside decorations are the work of a woman artist, Miss Adelaide Thorne, of New York City.

It is conceded by most of the German publicists that if the Agrarians of that country succeed in crystalizing their tariff ideas into law that it will not be the Americans who will be the chief sufferers, but the Germans themselves who will find the price of their bread and meat materially, in many instances prohibitory, increased. In other words, all Germany will be taxed for the benefit of 300,000 German landowners.

France has a public debt of \$5,808,650,000; Great Britain, \$4,494,000,000; Russia, \$3,253,000,000; Italy, \$2,583,883,780. The German Empire, including the individual German states, \$2,573,584,622; the United States, about one billion dollars. The Australian colonies carry the greatest per capita debt, the per capita annual interest charged being \$10.15. The per capita interest charged in the United States is 44 cents.

In opposition to the belief of many physicians that hypnotism is a very useful aid to medical science, in Russia it is a criminal offense to hypnotize or help to hypnotize a person. Scientific men in France are questioning its value. Its abuse by the unprincipled may cause a restriction of its open use in this country. That any government should be foolish enough to attempt to suppress hypnotism in view of the fact that the power to hypnotize is inherent in all healthy individuals in varying degrees, is strange.

As soon as Dr. Wm. Boericke, San Francisco, got through passing upon the several hundred homoeopathic applicants for license to practice in California he, in company with Dr. J. W. Ward, packed his grip and started for Europe, he will examine into German medical methods and customs.

One-four hundred thousandth of the people in the United States own about one-fifth of the country's wealth. Using the above statement as a text Charles A. Conant in the *Atlantic Monthly* speculates on the future of political parties, concluding that the Democratic party, as at present organized, has outlived its usefulness and, if it wishes to exist, must combat the corruption, deception and spoliation conferred by the concentration of wealth and its consequent abuse of power. Advocacy of the government ownership of railways and telegraph lines and municipal lighting and heating may be the first step in the onslaught against organized wealth.

The model factory town of the South, according to Mrs. Black in the *October Forum*, is Pelzer, S. C. There are about one thousand dwelling houses, averaging four rooms each, rented at the rate of fifty cents a room per month. Each house has space allotted for flower and vegetable gardens, besides the use of common meadow land for pasturing cows free. Each dwelling is supplied with water, and sanitary and street work is carried on by the manufacturing company. The town has excellent graded schools and the company provides a "Lyceum" containing a circulating library, lecturing hall, etc., the privileges of which are free. It will be absolutely safe to say that strikes in Pelzer will be unknown, and that the factory will more than get value received from its operatives on account of its apparent liberality.

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## Medicine.

### THE CREATION OF MASTER HOMŒOPATHS.

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From time to time the readers of our journals are presented with bits of personal history of leading men of the profession showing the 'Evolution of a Homœopath' from the "regular" class. These tell of the growing dissatisfaction with methods and results in dealing with the sick, of the first gleam of light and the doubts and hindrances that beset the path until the physician finally stepped forth in the light to find himself in the full face of Homœopathic doctrines and practice. It may also be of interest to glance at the creation of Homœopaths as they are now privileged to develop, under careful, definite, scientific training and the difference in the experiences of those who must force their own way through the brush and those fortunate enough to have well blazed paths and faithful guides—the classical training.

There were five of them. They had passed the full curriculum and received the diplomas of a first-class "regular" college. They had given careful attention in all the courses of their alma mater, including lectures, quizzes and clinics. They had heard hints at Homœopathy made to serve as the butt of ridicule, had observed most careful bactericidal treatment of surgical cases, had aided in prescription writing and

special local treatment. In short, they were well equipped in Old School methods and the latest theories of the medical world. But see; each one of these if needing personal medical attention would have consulted an avowed homœopathic practitioner, as had been their previous custom.

When these five, each separately and individually, determined to enter the Post-Graduate School of Homœopathics they were variously reminded that it represented the extremest of extremes and was quite out of line with Modern Homœopathy. Notwithstanding the consternation of those interested in their success, friends of old school and of homœopathic persuasion, they each intrepidly matriculated for instruction, determined to have homœopathy in its purity, as they had already had "regular" medicine in its purity.

There were here also graduates of avowed homœopathic colleges and those who had been in practice for some time under the standard of homœopathy, but it was with some surprise as well as amusement that these "regular" graduates discovered, as the course proceeded, that these were no more familiar with homœopathic doctrine than they were themselves.

It required but a few days' attendance upon the work here to find that Hahnemann's doctrine of cure rests on an entirely different basis from that which supports the popularly accepted methods of treatment. At the outset the students are invited to lay aside all prejudice of previous training and reserve judgment on the doctrines until they shall be perceived in the light of consistency of the whole, demonstrated in practical application, not measured by previous instruction. Here is learned a totally different fundamental conception of disease and cure. The new system of therapeutics is not erected on the old basis. True, it is not wholly without resistance, after such long training to seek the cause of each disease in a characteristic form of bacteria, that these wide awake minds receive such deliberate image-making. The professor announces boldly to these graduated and practicing physicians, "We shall show you that disease cause is more subtle than anything that can be shown by the microscope."

With this is given the clear, forceful, straight forward presentation of all the elements in the problem with undoubted logic and consistency step by step. The true portrayal of real man, the thinking, willing, active being, using the body and its tissues only as a tenant would a house; the distinction of this from the body, wholly inert except as controlled by the living being; the government of all activity and fountain from a central controlling force; the conception that it is the real man which is disordered in sickness, transmitting disorder to the bodily tissues, not the tissue-cells deranged primarily themselves. All these in their sequence come as both a revelation and a satisfaction to these minds stocked with contradictory theories and fragmentary explanations.

The next step leads the student clear-

ly divergent from the paths so earnestly trod these many years. A straight blow is hurled against that oft impressed admonition that no definite principle or rule must be sought in medical practice or disease study; that medicine is essentially inexact with reference to order and principle governing all the natural world and all successful social relations, there is unfolded step by step definite principles controlling the development of sickness, and its progress, the effect of drugs upon man healthy and the same in disorder, and *definite principles of cure*, which leave no questions which may be propounded without consistent answer.

When the realization of the true significance of *health, disease, cure* has fully dawned, when it is clear to their conceptions that man is not cured, not even benefited by the mere removal of a group of symptoms, that he may be just as sick after as before removal of abnormal or broken down tissue cells—they cannot but look back in memory to hospital and clinic scenes. As thus in retrospect they watch the worthy, serious, doctors devoting their attention and earnest labors to stimulating sluggish ulcers to heal, cleansing away bacteria, intent upon reducing a swelling, depressing or stimulating the heart, soothing the irritable digestive tract, these students cannot but smile sadly and wonder why in all their earnestness these devoted practitioners cannot perceive that all life and control of the body flows from centre to circumference, that disease cause must follow the same course and that an influence to be really curative must likewise act from the centre to circumference, removing external expressions of disease last of all.

The totality of the symptoms as an expression of the disease image is another new conception—gathering and con-



sidering at once all the disorders and discomforts the patient can describe, all the variations, according to circumstances, of his every feeling, all his desires and aversions, all his variations of temper and crazy notions as a representation of his sickness. What a contrast to the superficial family history and physical examinations, wholly disregarding what the patient wants to tell of how he feels! In respect to its relation to the disease image such a consideration of subjective symptoms renders physical diagnosis insignificant, almost ridiculous. Dysmenorrhœa, ovarian neuralgia, cellulitis, migraine, constipation, nasal catarrh? Yes, certainly, but they are all in one individual patient, and to cure the patient is the aim of the physician who knows his duty. This aim is not reached by administration of something merely to quiet the pain or force a daily bowel evacuation or wash away the catarrhal discharge nor by the combined diminution of all of these. Certainly the totality of the symptoms does give a better image of the patient's disorder and forms a better basis for curative aim.

It is with resistless sympathy that readers or listeners receive the stories of these tremendous trials of faith, the hopes and doubts alternatively raised and beaten down in the course of mastering the *potency* subject by those who have groped through clouds of despair from the materialistic therapy into the light of immaterial philosophy.

In this course of training this matter is treated as simply, comprehensively and gratefully as any doctrine of the science.

The students are not expected to observe the efficacy of drugs developed to high potencies, according to their previous instruction in materia medica and therapeutics, nor even in harmony with it. As a bold stroke was made to build

on a new foundation, disregarding the previously presented view of disease and of cure, so here the foundation is laid first with no reference to what "ye have heard that it hath been said."

The exposition of the subject of simple substance, the immaterial entities indefinable in terms of material properties, at the same time the causative influence of material activity; this presentation of the real nature of that which constitutes all power in the world, but cannot be measured by material standards, opens the door to a new realm of delight and awe. Dazzling in its first flash, inspiring in its freshness and strength, it absorbs the attention until mastered in its many bearings.

*Force*, having no weight, no relation to time, space, form; existing only in quality; contributing the distinctive character to all things; continuing by influx from first cause to ultimate; the bond of all order and operation! Of such subtle nature is the vital force which controls, operates, co-ordinates man, in his internal (mind) and external (body). This it is that maintains the functions, activities and nutrition of tissues. When this is disordered, function and nutrition are disordered, and then only. Nothing can influence so subtle an entity save that which is as immaterial as itself. Such then must be the *nature* of disease cause to disorder the vital force. Such must be the nature of curative influences to restore order to the vital force. That which will prove curative must in some way be reduced to liberate the immaterial force which imparts quality and character to the material. *Potentisation* brings each drug so treated to a plane on which the immaterial substance, preserving it, may reach the orderly or (disordered) vital force and by its influx excite an influence unknown in the realm of crude drugs. How wonderful! How beauti-

ful! Can it be demonstrated? For verification see the clinical records.

In their admiration and acceptance of this as *truth* the students' conquest is complete. There is no further mental resistance once this is firmly perceived and endorsed. Such consistency is logic — life — health — disease — cure! Regular medicine" has no parallel for it. Henceforth, Hahnemann, are we your disciples! We hunger for more of knowledge and a fuller comprehension. All that is consistent with this must be looked on with favor and repay investigation.

Thus, following the order as presented in the "Organon," each subject of the science and art is considered.

The real cure must be prompt, mild and permanent, on easily comprehensible principles.

The true physician must be unprejudiced in mind, of sound understanding and attentive and faithful in taking the case. All possible applications of drugs to disease, the use of such as produce in the healthy, disorder most similar to the disease fulfil the injunctions for a cure and conform most closely to samples of nature cures.

Drug simulating to disease is to be sought in symptoms, nature and plane.

The administration of one remedy at a time is the only rational use of drugs. A cure is instituted when symptoms disappear from within, out; from above, down and in the reverse order of their appearance, and whether acute or chronic the cause of the disease is checked. Man is the victim of three chronic miasms on which all acute miasms depend,

The study of the manifestations and natural history of the chronic miasms and their cause under the influence of the homœopathically indicated remedy, contrasted with their cause under other treatments which only suppress, shows

more than the immense field of work for homœopathic physicians, the obstacles which beset their path as well as the hope to uplift and the means of never ending good which will come to suffering humanity through their earnest devotion to duty. Such is the ideal before the students through the course! Such is the enthusiasm absorbed while learning the fundamentals of the true science and art of healing.

But what of the task of learning the remedies? Oh, those are delightful hours indeed to contemplate. Each drug is presented in living reality; as a suffering being, 'tis true, but so depicted that its vital characteristics people the *materia medica* with subjects full of sympathy and worthy of greatest respect. Each remedy is so clearly and distinctly itself that you could not for a moment imagine that its neighbor, its cousin or a member of its own crew could perform, just as well, the work so distinctly its own sphere. In each group of learned maidens available for service in any particular class of disease the characteristic action of each is so plainly marked that *Belladonna* would not be expected to cure the *Ailanthus* Scarlet Fever, nor *Pulsatilla* to be tolerated for *Arum Triphyllum* Measles. *Ferrum* would be passed without greeting when *Chlorosis* calls for *China*.

They learn to differentiate the remedies as they are presented, how to secure their acquaintance from the books—and how as well to trace the identity of unfamiliar phrases or unfamiliar remedies in the midst of resemblances to other drugs by the use of the repertory. Each remedy as learned is welcomed as a life long friend, ever ready to do its work when needed—always suited to meet its own need throughout time. Though new acquaintances may be made and welcomed, there will be no occasion to discard the old. They will be just as

true to their own indications and no new ones can usurp their places.

The methods of selection of remedy for patient are so impressed that the student is seldom tripped on being quizzed, "What would you do for cancer? for leg ulcers? for diphtheria, etc?" The answer is usually ready: "Take the case and give the indicated remedy."

In the clinical work application of all the principles and many remedies are made. If in the early days of attendance these graduates in "Modern Medical Science" felt it a monstrous, bold thing to give a single dose of high potency followed by insignificant sugar powder and wait for its action, it soon becomes evident that the curative result could not be equaled by any other known means. Though it may be with difficulty that these individuals control their desire to use adjuvants in local measures or partially indicated drugs, before long they are as jealous as their peers of any measures that might interfere with the natural expression of disease or curative effect of well selected drugs. Then their directions to patients to use no poultices, laxatives, nostrums, digestive tablets, etc., become truly heartfelt.

After their most thorough training, and the impressive instructions that to neglect any of the approved scientific methods as applied to various "diseases" is nothing short of shameful criminality, some of the directions these graduated students are obliged to give and hear given are at first pretty hard pills to swallow, and they do not always do it without a mental grimace. Imagine the state of mind of one, attending with the professor, a case of ophthalmia neonatorum. The lids of the infant's eyes were greatly swollen, with a profuse discharge issuing from beneath on attempt made to open them. The doctor gently wiped away the discharge with a bit of muslin at hand, asked a few

questions, put a dose of *Sulphur*<sup>3m</sup> on the child's tongue, and left a powder dissolved in water with directions to have a teaspoonful put in the child's mouth every hour or two. Nothing more! No antiseptic wash, no caution about getting anything not surgically clean near the eyes! The student's face was a picture, but no explanations were made in the room, all remarks were made outside. In a few days the eyes had lost their puffiness, the quantities of profuse discharge had almost ceased to appear, the eyes were bright and clear and the later history of the case proved that the indicated remedy is most efficient for ophthalmia neonatorum.

Imagine the disappointment of the young man with his fingers nimbly preparing his lancet when patient present a severely inflamed foot, already beginning to suppurate, red, swollen, painful when he is deprived of the opportunity to "cut to the bone and clean." A few details of the suffering and the patient's condition were elicited by the clinician and directions given for *Silica*<sup>6m</sup>, to be administered internally, and no other treatment. The door had scarcely closed upon the patient's limping form when the tongues were loosened. The lancet was reluctantly replaced, while three or four rehearsed the treatment they had been instructed to give such cases. They awaited almost impatiently for the time of the patient's return, to see what the clinician would do when it was found so much worse. It was their opportunity to learn, however, for when in three or four days, the grateful fellow told how he had slept that first night of his medicine and how the pain and swelling had almost disappeared with the profuse discharge of pus, they had to admit no better results had they ever observed, nor even so good.

In response to a call for a physician

as soon as possible to attend a woman with hemorrhage, two of the class were sent. They went, notwithstanding the thought that it depended on them to see the image of a remedy there, rather than to give douches and ergot. Carefully following the more recent instruction they took a record of all symptoms and recognized a fair image of *Sulphur*. This they gave in 55m potency with directions for rest in bed. In the course of three days they reported the flooding had soon been checked, had ceased entirely the next day and the woman was delighted that she felt much better than she had for many a day.

Whooping cough season is interesting. In each case presented or reported, if the child is not brought to clinic, there are noted the individual variations; nothing taken for granted. The time of worst cough; aggravation and amelioration; peculiarities of the paroxysms; the child's appearance during these; the condition of the patient between the paroxysms, and all other symptoms observed are carefully collected in the record. And is it strange? *Drosera*, *Bryonia*, *Phosphorus*, *Ipecac*, *Belladonna*, *Kali carb.* are equally efficacious (when indicated by the symptom image) to lessen the severity of the paroxysms, make the child comfortable, and check the progress of disease, reducing the six-weeks' siege to one, two or three, according to the time first seen.

In attending labor cases it is only in retrospect that the careful use of antiseptics for patient and attendant is recalled. In each case, in whatever stage of labor, whatever the distressing features of the case when first seen, the symptoms are noted and after brief thought the remedy is given: *Ipecac*, *Belladonna*, *Rhus*, *Sulph.*, *Puls.*, as it may be called forth. The administra-

tion is quickly followed by orderly progress to completion, and safety to mother and child.

On one memorable occasion there was a night call for one of the students, and the messenger was dispatched for the clinician as consultant. Before the child's arrival, after delivering a macerated foetus, the woman gave signs of a serious state, which filled her attendant with horror. Is this intestinal hemorrhage? What must be done? *China*, *Ferrum*. Or what? Oh, relief! there is the senior doctor. She notes the condition; listens to the quickly related history of the preceding hour or two and after a moment's consideration advises *Ferrum*. *Ferrum*<sup>50m</sup> is promptly placed upon the tongue of the almost or quite unconscious patient, and fails them not. The dreadful collapse is checked; gradually the woman is restored and recovers her strength to add her evidence to the sufficiency of the indicated remedy and corroborate its value to the young medical attendant.

No, all cases are not easy ones, with clear cut appeals for this or that remedy. Some require hard study and much painstaking. The art of "taking the case" is not gained all at once. Impressed, reviewed, and repeatedly emphasized in every department of the school, it may well be believed that every case taken in these clinics is observed by critical listeners. Be sure, too, that such close scrutiny develops most guarded form of questions, to insure confidence to elicit candid and complete histories. What wonder, under such influence, that by the time they received their diplomas these physicians have become expert questioners? Happy are they if all detect the characteristics of one remedy for the case when the record is finished. But when an image is presented unrecognized, or wholly out of range of their acquaint-

ance, how eagerly is the prescription awaited. If in the next leisure half hour one seeks to find the remedy in the library books and finds that volume missing, he need not be surprised to learn that some one is already searching the record of its proving. The repertories are occasionally at a premium when three or four new cases have been assigned to as many members of the class to be worked out, in order to select the remedy to be administered.

Thus they have the opportunity with experience to confirm the principles and value the acquaintance of materia medica friends made in time of need. The early cases observed in the clinics or under dispensary supervision linger in the memory of these students as do those of the evolved homœopath with the difference that there is no torturing doubt or heavy responsibility weighing in memory with them. But with head erect and eyes aflame under the faithful guidance of those who *know* the truth, they learn to march steadily, earnestly into the light, with the refrain, "Let principle guide and experience confirm."

Those who have enjoyed such preparation for the work which awaits them in medical practice value their diplomas thus gained above all others they may be fortunate enough to possess, though they may never use their supplementary title, H. M. Never are they more grateful for the opportunities to learn the doctrines in their purity, than when some difficult case calls for their most earnest devotion. Relying on the principles so faithfully taught they are not in doubt what course to pursue, not swamped by emergency nor anxiety of friends, but with firm rudder they steer their way, giving all energy and attention to receiving aright the message which is sure to come from the patients' sufferings as a guide to the best means of relief—the homœopathically indicated remedy.

To those who have not the repose of certain knowledge of doctrines and drugs the Master Homœopaths extend commiseration mingled with wonder that in the midst of all perplexities they are able to keep their heads level and their hearts courageous.

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## SUSCEPTIBILITY AND POTENCY.

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In the "Airly" days when Homœopathy was a delusion, potency a myth, and regular physicians the only kind, being myself very regular, and needing a consultation, I called one of my brethren to my assistance. The case was one of inflammatory rheumatism—a bad one. My counsellor was a physician of age and experience, who had received (at this time) all the rights, lights and benefits of a liberal education. Upon non medical questions his judgment was good, and in medical matters he was considered an authority. He was an "all round," "all right" well balanced man, a gentleman, a scholar, and a

good judge of good—, a Kentuckian by birth and training, and a devout believer in drugs. After an examination of the patient he advised, among other things, mercury enough to touch the gums. I followed his advice, gave the other things and the mercury, touched the gums and evidently touched something else, something which should'nt have been touched, for the patient died.

Being honest and innocent and willing to remain, so we kept our eyes shut, put the responsibility upon Providence, where it belonged, and continued to play blindfold. We had nothing to do with the man's death. Had he lived, we had

been willing to have shouldered part of the responsibility and all the glory. I am not sure that I have gotten altogether out of that habit yet. I formed some bad habits as an Allopath, and they are hard to break. "Habit is character, and character is destiny." For a long time I persisted in attempting to adjust delicate human machinery with hammer and sledge, thinking (God forgive me) that I was doing His will, and humanity a service. When at length the light did dawn, it was so intense, so new, so strange to my unaccustomed eyes that perception was dim. We can afford to deal very gently with our brethren of the Ancient Order. We can afford to apologise for their blindness and their blunders, for we have the light and can see. It is no wonder that convictions and prejudices rooted within, grafted upon, and intertwined with thought, deed and practice of life, should be hard to uproot and difficult to pluck out. For a time I was but half converted to Homœopathy. At first I carried a case of tinctures, compromising now and then with a vial here and there of the first decimal. I desired to do right, but was afraid of doing wrong. I wanted to be good, but evil was present with me. I was anxious to get out of the old boat. I knew she had sprung a leak, but I was suspicious of the new one. The atmosphere was so foggy or my vision so indistinct that I could not see her colors. I had been fooled once. So I halted between two opinions, prescribed the old way most of the time, the new way part of the time, gave the old theory the benefit of the doubt, the new the advantage of a sure thing, fired allopathically off hand, homœopathy with a dead rest, shot like the hunters into the bush to hit it if a deer, or miss it if a calf, and like the sailor in the storm, prayed "Good God! Good

Devil," uncertain into whose hands I was to fall.

Fortunately this transitory stage did not last long. As the fog lifted and my eyes became accustomed to light I saw more clearly. As my horizon widened, objects unseen before came into view. As I better understood and more intelligently applied the law of cure, I obtained better results. As results awakened keener perception and better appreciation of truth, and so did truth lead me to recognize and esteem the power developed by potentiation. Thus I came to reason:—if life occupies a certain altitude, the remedy which shall aid life in its combat with death must be raised to life's altitude; must be brought into life's sphere, must be made to occupy the plain upon which life moves, must be warmed up to life's temperature; must itself possess life and that life must be developed.

We do not treat disease, we treat men, women, children — individuals. We treat animal life, with mineral life, vegetable life. We minister to the body, the house, the tenement, through the tenement, the dweller within, the man who occupies, whose business and duty it is to superintend waste and repair; keep the fires burning, the ashes nursed, the house heated and ventilated.

We put within the man's reach material for construction and reconstruction. We do not ourselves propose or presume to repair any part of the building. We may bring together fragments of broken framework, hold them in apposition with temporary braces, but the carpenter, the mason, the man inside the house must fasten them together.

We do not treat head, heart, lungs, organs of the body, or the body itself. Man's head is not man; it is but the home of his reason. Man's body is not man; it is his servant, his means and

medium of communication with other men and other things, through their similar media of communication and reception. The man is the architect, the builder, superintendent and owner of his house. He says mine! My head! My hand! My body! He gathers out of earth, air and water building material and builds for himself, around himself a tabernacle; temporary to be sure, but adapted to his purpose. In this tabernacle he sojourns until by stress of storm, or the ravages of time, it becomes untenable, and he is compelled to leave it; not though forever, for he will not forget his kinship with the dust of the earth. It may be ages hence, but sometime he will return, "and all that is now inanimate shall be animated."

Man through his spiritual nature is related to all things in heaven. Through his physical affinities with all things on earth. In his God likeness he represents his Father God; in his earth likeness his Mother Earth. "He is not only representative but participant." Participant now of earth, he knows his earth; is like the earth. Like can only know and be known by like. Like only can attract like. Quail gather in coveys. Turkeys in flocks, sheep in herds, wolves in packs, men in communities and fraternities. Men and women of similar tastes and temperaments, cultivation and education, associate socially and religiously.

Persons of like language, customs, habits, are drawn together. Those of like affinities gravitate toward the church, the theatre, the saloon. The lovers of sport will be found on the turf, in the tournament, at the gaming table. Politicians assemble in legislative halls. Similar things attract and cohere by the laws of attraction and cohesion. Man draws from Nature's storehouse, elements kindred and compatible with those in his body. Out of the macrocosm he builds the microcosm. From an inex-

haustible supply he has drawn lime and iron, silica and potash, and used them in the construction of his dwelling. He has changed their form to suit his purpose, but "animated lime knows of lime" and attracts it; "incarnate iron knows of iron" and invites it to share in the construction and repair of a home on earth for the citizen of earth. Thus do cold inert members of the mineral kingdom come to play an important part, and fulfill a high destiny in furnishing for the "Lord of Creation" a residence, and thus does he in appropriating them to his use, and associating them with himself raise them to a higher realm. When we consider how man is affected by his environment—how his moods, impulses and aspirations are influenced by the commodiousness and convenience of the house in which he lives—the atmosphere of home—we can appreciate the necessity of a proper proportion and amount and a right distribution of the elements which compose his body.

So, too, when we reflect upon the upward trend of all earthly things we can understand that "each material thing has its celestial side, has its translation through humanity into the spiritual sphere where it plays a part indestructible" in its influence upon the immortal—upon man himself, who is himself immortal.

To these ends all things continually ascend. The chemic lump arrives at the plant and grows; arrives at the quadruped and walks; arrives at man and thinks. Man and his immediate environment, the house in which he dwells are interdependent. Effects upon either are transmitted to the other. Circumstance the dweller so that iron is too scarce for the repair of his dwelling, and as the lack lustre, weather-beaten outside shows neglect in lack of paint and gloss, so does the dweller

within become unhappy, dejected, miserable.

Allow the man of avaricious propensities a too liberal supply of platinum, and he becomes haughty and proud, being greedy he takes too much, miserly, retains all that he gets, or lacking judgment, injudiciously invests his capital. Furnish it in proper proportion and judgment, manners and morals improve. We admit that theories are of but little value until tried by the crucial test of practice. While theorizing, however, we would suggest an explanation of the Isopathic theory, over which some good homoeopaths and true have tripped and fallen. The fact that certain individuals, extremely susceptible to certain poisons, are curable by high attenuations of those poisons does not establish a law of Isopathy.

Some persons are susceptible to poisonous effects of fruit or fish, which for others are wholesome and nutritious. I know a family in this city three members of which will get a rash closely resembling scarlet fever from the odor of paw paws. Upon others, bananas and strawberries produce a like result. We all know the supersensitiveness of some persons to poison ivy. This idiosyncrasy is an inherited condition curable by the particular plant, fruit or flower to which the individual is susceptible, and the plant, fruit or flower capable of producing in the susceptible their characteristic effects will by reason of the vital hyperæsthesia be indicated and curative.

The same may be said of those to whom the nosodes may be advantageously administered.

The remedy must of course be given in a potency too high to induce an aggravation.

So administered it is not Isopathic, nor the result, the effect of an antidote, but simply and plainly like for like. The oversensitive vital force is over-

powered by the crude and coarse though it be but a breath, a vapor, an odor, but by a high attenuation its equilibrium is restored. How or why, who can say? Compared with fact, theory is of no value. It may be that Rhus finding a scarcity of itself a vacuity so to speak, in the animal economy rushes into the vacuum and over supplies. It may be that hungry vitality in an ardent desire to fill a long felt want overfills, and Dame Nature surfeits herself. Anyhow when Rhus potency eliminates Rhus poison it does so because pre-existing idiosyncrasy, or impressionability of the vital principle permitted the poisonous effect of the crude drug. Persons insusceptible to the ordinary effect of poison ivy, who handle it ungloved with impunity, do not make Rhus patients. Those but slightly susceptible do not make *good* Rhus patients and if benefited by the drug must get it in the lower potencies, but those who get poisoned by a forty rod breeze from the vine will have Rhus rheumatism, Rhus erysipelas, and Rhus everything else, and will be cured by the highest attenuations. Of this particular poison I speak experimentally, therefore advisedly. May this not be true of others? and may this not be the key to the potency problem? I have treated with all potencies insusceptibles presenting good Rhus rheumatic symptoms without results and found after failure that some other remedy more accurately fitted and cured the case. I have treated susceptibles when Rhus seemed no better indicated and found it cure magically. To be sure I understand that when it failed the indications were only apparent, and real when it is cured and so must we all, always find when met by failure, the fault ours, the law infallible.

Human limitations render failure easy and success often difficult of attainment,



but it is consolatory to know that we have an unerring guide.

No matter how Homoeopathy cures, if it be a law and we can apply it. No matter what you and I believe about potencies if we can select the right one and cure our patients. No reason in a quarrel over potencies if you cure with high and I with low or "vice versa." The law is perfect converting disease into health. If we subscribe to law and practice according to its precepts, potency will take care of itself.

The law is fundamental, potency is experimental. The law must be obeyed or chaos result. In the domain of potency each practioner "is a law unto himself.

We strive for the smallest amount capable of accomplishing our purpose. We strive towards that dynamic power, that inherent force which makes Zinc, Zinc; Iron, Iron; Belladonna, Belladonna; the Tiger Lilly, a Tiger Lily flower.

It is not that zinc is heavy and hard, or iron hard and strong, other things in nature possess these qualities. It is the spirit of zinc, the spirit of iron, that individualizes them. It is this spirit that we must liberate before it can correspond or affiliate or become consanguineous with man.

The body of Belladonna (like the body of man is but its outward expression, its visible form, its medium of communication with its fellows, its representation of itself to our coarse senses. No one ever saw Belladonna. No eye is, ever was, ever will be keen enough, microscopical enough to look through or into flower or seed and see the tiger lily there. No one will ever see that which germinating in earth's womb, nursed at earth's bosom builds about itself a body which represents to us the idea that we name Aconite, Belladonna, Phytolacca. We cannot see that in the seed which produces each after its kind

forever. We can only distinguish between them after they have clothed themselves with visible and characteristic forms. These forms, their bodies, we may use or abuse, make them minister to life or to death, but if we would use them as artists in our high art we must leave behind body and branch, root and stem, the visible and corporeal, and liberate the invisible, intangible, subtle, mystic power called life, that imponderable, but potent force which flowing towards its kind, shall seek and find and succour life in time of danger or distress. As in the mineral, vegetable and animal kingdoms, the trend of things is upward, so too in the mental, moral, and spiritual and so also is this the direction taken by progressive students of the healing art. We may start with the coarse and crude, ignorant of the potentiality of life liberated, but the right road leads up the mountain to higher plains, broader views, grander conceptions, greater possibilities, until potency and the infinitesimal cease to be stumbling blocks in the path of progress.

The law is the foundation of our faith, the realization of our hope, the glory of our achievement. Compared with law, potency sink into insignificance. Potency is elastic, law inexorable; potency may be, should be; law must be. Law is the high tower, overshadowing, overtopping all things. Is any called being low let him not seek to become high. Is any called being high let him not seek to become low. Let him rather seek to understand and obey the law. Thus shall he by law be justified, and thus obtain the grace that leads on to glory, for the law is the will of the lawgiver and the lawgiver is omnipotent.

The potency question it seems to me deserves to be settled, ought to be settled and I believe it should no longer be a "stumbling stone or rock of offense." I believe that when persons are pecu-

liarily susceptible to a remedy or class of remedies those individuals will be curable by the high and aggravated by the low potencies of those remedies. Those who are but slightly susceptible will be best treated by medium or low potencies, and insusceptibles will not be curable by any potency of any drug to which they are insusceptible. It seems to me that wrangling over potencies should cease. It occurs to me also

that the Alma Mater who sends forth her children to quarrel over this question is not a good mother, not even a good step mother. I am not sure but the fate to which the son-in-law consigned *his* step mother should be hers also. At all events I believe the time has come and now is when that disturbing question should be embalmed and laid away.

### SIMILIA AND THE ANTITOXINS.

GEORGE M. COOPER, M. D., H. M., PHILADELPHIA, PA.

It is neither my purpose to set forth arguments for or against the use of anti toxins and serums in the treatment of disease conditions, nor is it my desire to multiply the already large collection of statistics brought forward by the zealous ones on either side to seal their testimony; and it would not be just to deprive men of their freedom of thought or to deny them the use of the most recent achievements of science. But it is my earnest desire to see all men, in sincerity of heart, deduce effects from causes, and base their declarations on the incontrovertible principles that spring from truth.

That medicines have within them the power to cure disease is received as an axiom, but what this power is has been a question that has caused profound discussion and deep research among all schools of medicine. To investigate this hidden force is not our present purpose, but it may be predicated of it that it is a power universal in application and constant and unvarying in its effects, acting under the same laws now as in the past, and continuing to act in the same manner through the endless ages to come.

Reason tells us that the secret potency within medicine is not a fickle virtue, inconsistent in its effects and wavering

in its application to disease. Nature and her products always work along the same lines; consult her, and you will see her with unvarying certainty from year to year, and through ages to ages, she acts according to immutable laws.

In the grand and God given science of medicine, which has for its end the sublime use of preserving a sound body wherein can dwell a sane mind, within whose highest regions rests a supreme soul, the law of cure must be an unchangeable law, forever acting according to the same underlying principles and never changing in its application.

But how different from this the trend of thought in modern medicine, which would have us believe that there is no one law of cure in medicine. In their vain endeavors to achieve success and merit praise its disciples have stumbled over real principles and fallen into the seductive trap of materialism from which truths cannot be seen, nor laws formulated.

This spirit of materialism is rampant in our midst, and it seeks to destroy all whose principles in the cure of disease that have been formulated under the Homœopathic law, the law of *Similia Similibus Curantur*. It breathes forth words of anger and ridicule in its endeavor to annihilate this precious herit-

age formulated by the immortal Hahnemann, the only law receiving the support of truth and confirmed by the experience of ages.

When other methods, ancient or modern, used in the treatment of disease, are viewed under the searching light of this law of cure, their faults and fallacies are revealed and the truths which have given the system credence can be separated and assume their proper position.

It is with the profound conviction of truth, that I can unfearingly state that every disease which has been *cured* since the beginning of time; that is, every disease in which the symptoms have disappeared according to the *law of cure*, which requires them to go from above downwards, from within outwards or in the reverse order of their appearance, has been cured under the Homœopathic law of *similars*. All the *cures* under crude Homœopathic medication, are brought about because there is a *similarity* between the drug or one of the drugs used and the disease symptoms.

This is the naked truth; a truth simple enough, it seems, to be comprehended by all, yet the great majority of scientists in the medical world refuse to see this relation between drug and disease. Oh, blinded theorists, we question not your natural acumen. Were you to offer but a portion of your labors to the development of this law, you would leave something of value to the archives of medicine and be yourselves led from the obscurity of materialism to another world of thought where effects are seen from their causes.

Cast aside your false idols born of self-conceit and allow the higher faculties of reason to have sway; let law, not experience, guide you and when you are firmly seated on the throne of truth you can command the sciences and they will obey their master and not destroy him.

At the present day the medical profession is plunging itself headlong into the serum treatment of diseases; Homœopaths are deserting their standard and flocking to this newly created siren. Pause in your feverish haste and consider whether you have law by your side to carry you through this experimental territory. The statistics presented are enticing and I doubt not that the records may be more favorable than those of previous modes of treatment. But the vital question is this, are the results better than those obtained when the Homœopathic remedy is genuinely, honestly and thoroughly prescribed? The answer seems self-evident, for principle tells us that *cures* when they occur under the serum treatment are but a crude form of Homœopathy based on experience; while *cures* under strict Homœopathy are scientific and precise results of applied law; the latter being more direct and certain.

Physicians of all schools, that your success with the anti-toxins and serums is greater than under your old methods does not justify you in saying that the coveted goal has been reached; you are but treading on the threshold of the immutable law of similars. With an unprejudiced mind investigate all the pages of medical literature, and you will find woven through its whole texture a golden thread, the *law of Homœopathy*.

## GENERAL SYMPTOMS—WHAT ARE THEY AND WHY?

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A good prescriber of wide reputation once said to me: "You may pick out a set of symptoms in a case and call them *generals* and another physician may take the same case and pick out an entirely different set of symptoms and call them *generals*."

The remark opened a new line of thought to me. Up to that time I had been working with physicians who had grown into the medical life with me; I knew that if a case had been given to these, my co workers, and they had been asked to pick out the generals of that case every one would have selected the same set of symptoms and each would have had a reason for making his selection. It had never occurred to me before that there could be any doubt as to what constituted a general symptom. I thought my new friend was mistaken, but since that time having studied cases reported in our magazines and having noticed that the symptoms of which the patients made the most complaint were often counted generals I have concluded that he was right.

What are the *generals*, the important symptoms of a case, and by what infallible test may we know them?

Hahnemann struck the key note in the first paragraph of the Organon when he said, "The physician's mission is to cure the sick." It is the sick person that the physician must consider, the patient always, not the disease.

A disease will produce one set of symptoms in one patient and another set in the next patient, the diagnostic symptoms are the only symptoms that it can produce in all patients; hence it is that no two cases of scarlet fever, of diphtheria, of typhoid or of any disease are just alike, each case is modified according to the patient. The symptoms

which a disease can produce in one patient but not in all are the symptoms peculiar to that patient, while the symptoms that can be produced in all, the diagnostic symptoms, are the symptoms peculiar to the disease. If, according to Hahnemann, we must prescribe for the patient and not the disease, then he *symptoms that are peculiar to the patient, the symptoms that tell of the patient himself*, are the more important symptoms and the symptoms which are peculiar to the disease are the less important. Of the symptoms that are peculiar to the patient there are those that control the patient himself and those that control the particular parts of the patient. *Those that control the whole patient are more important than those that control a part*. Who controls a whole army but its generals? Then those symptoms which control the whole patient, those that tell of the patient himself, must be the controlling symptoms, the most important symptoms, the generals of the case. The *mental* symptoms then would be generals, because they can be predicated of the patient. The patient thinks thus or so; the patient fears this or that; the patient is irritable, is gentle, etc. The aggravations and ameliorations when attributed to the patient himself would be generals, as the patient is better from heat, is worse from cold. And so on, *everything that can be predicated of the whole patient is a general*.

Less important symptoms are those that belong to particular parts of the patient; they are the *particular* symptoms. The strong particulars are those that reflect the generals. The aggravation or amelioration of pain in the part or the character of the pain would be a strong particular, while the pain

itself would be a weak particular.

A man may come into the office making a great fuss over a little abscess. The inflammation and pus are but common symptoms, they are common to all abscesses. The pain would be a particular, the character of the pain a strong

particular. The fuss the man makes showing the sensitiveness of the man himself to pain, would be a general. Hence it often happens that the symptom that the patient complains of most is of much less importance than one that he has not noticed.

## CEREBRAL HYPERÆMIA.\*

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The subject for today is one of special interest to the general practitioner because you will not practice medicine very long until you will meet it, whether you know it or not. It is one of those nerve diseases that come rarely to the specialist, but frequently to the family doctor, hence you should be able to recognize it, if for no other reason than scientific accuracy. But there are other reasons, which you will see as we proceed.

*Definition:* A morbid increase of blood within the cranial cavity. This definition is not just what you may find in the books, but it is simple, easily comprehended, and covers the whole subject and excludes that which does not belong to the subject.

*Varieties:* (1) *Active*, in which an *abnormal* amount of blood flows to the brain, with only the *normal* amount of flowing blood from it. It is, therefore, always on the *arterial* side.

(2) *Passive*, in which only the normal amount of blood may be flowing into the brain, but a *deficient* amount escapes from it. It is, therefore, always on the *venous* side.

*Etiology:* The *active variety* is caused by any influence that tends to increase the arterial supply to the brain, such as heat, increased action of the heart, pressure on the abdominal aorta, vasomotor paresis, cold applications to the

skin, alcoholism, opium, or some other drug poisoning, etc. The increased heart's action may be the result of some reflex from other organs, when the irritating agent in those organs becomes a direct cause. Pressure on the abdominal aorta prevents its flow of blood to the lower part of the body, and since it must go some place it goes to the brain.

The *passive variety* is caused by any agency that impedes the venous return from the brain, as a dependent position of the head, compression of the jugular veins, forced expiration, dilation of the heart, valvular disease on the right side of the heart, plethora, emotional excitement, traumatism to the head, eye-strain, CO<sub>2</sub> poisoning, etc.

*Morbid anatomy.* The blood vessels of the brain are usually healthy, but they are engorged with blood; the membranes may or may not be altered in color. In severe cases the convolutions are flattened from pressure, and there may be effusions of serum; points of hemorrhage appear in the white matter, and the puncta vasculosa are increased, coagula may be found in some of the vessels, the walls of which may be thickened in chronic cases. The sub-arachnoidean fluid is increased owing to exudation of serum. There may be localized areas of hyperæmia in connection with embolism or thrombus (infarcts). In rare cases we find miliary aneurisms.

\*A lecture delivered October 30, 1901, to the Senior Class in Dunham Medical College and Post Graduate School of Homœopathy.

*Symptoms:* The symptoms of this disease may be divided into two stages, (a) the stage of irritation, in which there is persistent insomnia, apprehension as if some terrible calamity were hanging over the patient; mental introspection, pain, heat and full feeling in the head; in the active variety, throbbing headache, less throbbing in the passive as a rule. The headache is increased by noise, light, any jar of the bed, etc. There is hyperæsthesia of the special senses; sparks before the eyes; roaring in the ears; vague pains, formication, etc., in the limbs. Restless starting from sleep, if the patient chance to drop into a sleep; gritting the teeth; contracted pupils in some cases, while in others they are widely dilated; projectile vomiting; loss of control over temper and emotions. The face is usually flushed, and there may be nose-bleed, which gives temporary relief.

(b) The stage of depression. After a variable time, depending on the severity of the attack, the patient passes into a state of insensibility to all external impressions. The pupils that were contracted now become widely dilated, or one is dilated and the other contracted; the intellect becomes sluggish, the motions slow; or there may be motor paralysis. Marked somnolence now supercedes the insomnia, with deep or stertorous breathing and slow, irregular pulse. The temperature may be elevated slightly in both cases. The patient is always worse when the head is lowered, the face assumes a darker color and might lead to the thought of apoplexy.

In the passive variety the stage of irritation is not so well marked as in the active. Paralysis may develop in cases of exudation of serum.

*Diagnosis:* The examination and history of the case may be of material assistance in making your diagnosis, by showing some of the conditions that may

be mistaken for this disease, or that cause it.

*Cerebral hæmorrhage* has sudden loss of consciousness, complete hemiplegia, and impaired sensation, none of which are found in simple cerebral hyperæmia. Besides the stages are not marked in cerebral hæmorrhage.

*Embolism* is also sudden in its onset, with transient hemiplegia; but there is usually some valvular lesion of the heart in embolism, none of which belong to cerebral hyperæmia.

*Uræmic coma* has waxy color of the skin, œdema of eye-lids, albumen and casts in the urine, and the stages of hyperæmic are absent.

*Cerebral softening* may be distinguished by the absence of stages, greater impairment of intellect, progressive impairment of speech, gradual enfeeblement of motion and the history of some of the causes of softening.

*Gastric vomiting* shows digestive troubles back of stages, and the vomiting is not projective in character.

*Prognosis:* Life may be endangered by the severity of the attack or by organic changes in the brain consequent on prolonged congestion. But as a rule the prognosis is favorable for a complete recovery if the cause can be located and removed.

*Treatment:* The treatment, like all other diseases, in general and remedial.

*General.* One of the most important points in the treatment is mental and physical rest, without excitement; change of scene, if it does not interfere with what I just said; plenty of sleep, if it is possible to get it. The head should be kept cool and the feet warm. Never use ice on the head, but rather water from the hydrant, syphoned through a rubber tube wound about the head in the shape of a cap, and dropped into a pail beneath the bed.

The diet should be non-stimulating,

without spices or pastry; easily digested. Never overload the stomach. Fruit and vegetables, except such as leave a large amount of residue to become ferment, may be taken in moderation. A liquid diet is preferable. Remove the cause.

*Remedial.* In the active variety the objective point our treatment is to lower the action of the heart, and increase the tonicity of the cerebral vessels, for which we will find most frequently indicated *Aconite*, *Veratrum vir.*, *Glon.*,

*Bell.*, *Hyosc.* In the passive variety the object is to increase the return flow of venous blood from the brain, for which *Opium*, *Nux V.*, and many other remedies are frequently indicated. *Study the materia medica*; but remember that if the cause is purely mechanical it must be removed by mechanical means, all sources of reflex irritation must be removed. But surgery never can really cure any one of anything. It only takes away an obstruction. The patient must be cured afterwards.

## Surgery.

### ABDOMINAL VS. VAGINAL SECTION FOR PELVIC WORK.

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Probably no one subject has attracted the attention of surgeons and gynaecologists more than that of pyosalpinx. For many years it was generally supposed that any inflammatory condition of the pelvis was the result of cellulitis, and when the upper vagina was examined and indurated tissue was discovered it was supposed that cellulitis was the cause. Now it is admitted that cellulitis is a very uncommon condition in the pelvis—not that it may not be present, but that it is the result and not the cause of the disorder.

It is a fact that pelvic peritonitis is more often caused by a tube containing pus than any single condition or combination of diseased conditions of the pelvis. Many times pus has been evacuated through the vagina with the idea existing that a cellular abscess had been present, while in reality a tube distended with pus had simply found its way to the vaginal walls—the hardness, much of it resembling cellulitis, being due to new tissue, partly organized, thrown out by nature through an inflammatory process to wall off a condition which might be serious.

It is understood that any irritation in the peritoneal cavity existing with an inflammatory process soon develops plastic exudation, and a separation of the diseased from the healthy peritoneum. This is so in appendicitis, pyosalpinx, septic peritonitis, abscesses of the liver, and in fact any local inflammatory condition and especially of a septic character.

Many surgeons today believe that it is safer and better surgery to treat pyosalpinx by opening and drawing through Douglass' cul de sac than it is to go through the median line of the abdominal walls and removing en masse the diseased tube and such other diseased conditions as may be found. Those who have tried this process many times have found that simple evacuation with drainage is a long and tedious process for the patient and an unsatisfactory one to themselves. Abscesses of this character do not heal readily and often the vaginal opening closes for a time and pus accumulates, and the same conditions develop that we first attempted to remove. Again, it is not always true that an abscess of this char-

acter or a tube enormously distended with pus can be reached through the vagina.

To illustrate this I will cite a case that has recently occurred in my own practice—one of many of the same kind.

The patient consulted a surgeon after several years of disturbance in the pelvic cavity, and after a growth of considerable size had been discovered in the pelvis. She had ceased to menstruate and it was thought possible she might be pregnant, but general failing health, pain, rise of temperature, tenderness in the region of the growth and in the median line and inability to be about, after a more thorough examination on the part of the surgeon led him to conclude there was a retro-peritoneal abscess and the patient was advised to have an operation. An opening was made in the median line and a soft tumor of some character immediately projected into the incision. It was decided that it was a retro peritoneal abscess. The wound was closed except at the lower extremity where a drainage tube was placed. After a few weeks it was found that the enlargement on the opposite side had not disappeared, and in fact was becoming larger, accompanied with pain, tenderness and all the conditions that were present on the other side a few months before.

The patient then fell into my hands. The drainage tube was still present in the median line with pus flowing quite freely. Her temperature fluctuated between 100 and 102½ degrees. I was first led to believe, as the diagnosis on the opposite side had been retro-peritoneal abscess, that this might be a portion of the same abscess walled off, yet I had a strong impression that we had to deal with an enormous pus tube, although it was much further up than such conditions are usually found.

The patient's condition was such

from continued confinement and from the previous operation that I thought it best, if possible, not to make any opening in the abdominal walls, and to avoid this, I determined to enter the cavity through Douglass' cul de sac and if possible reach the offending sac and drain through the vagina—much contrary to my usual methods and my better judgment.

The patient was properly prepared and an opening made into the pelvis through the vagina, but with my greatest efforts I was unable to discover anything. I was impressed upon examining the uterus, with its location, the vagina being drawn up more than three inches beyond its usual length and the uterus high up and permanently adhered, making it impossible to draw it down sufficiently to reach the fundus or any of the appendages, as there seemed to be a wall further up than one could reach with the fingers or to make it safe to incise with a knife.

I decided then there was but one way to reach the center of the difficulty. I closed the opening in the vagina with one catgut ligature and packed the upper vagina with iodoform gauze. I then proceeded to make an incision in the left abdominal wall—about such an incision as would be made for appendicitis, only carrying it a trifle lower. I had no trouble in getting into the abdominal cavity. I found the peritoneum highly inflamed and a soft tumor of some character projected into the incision. Upon exploration I found this tumor was *not* retro peritoneal, but that it was in the abdominal cavity. Upon introducing my finger into the abdomen I discovered that a thick wall of plastic tissue had been thrown out on the sides, but I was soon able to separate the adhesions and conclude that we had an enormous pus tube larger than, or fully as large as my fist, though of a different shape. The



Tube had gradually filled and as it did so had risen to the upper margin of the pelvis and had finally become walled off.

Some few other permanent adhesions I found would cause me trouble, and as is not seldom the case I ruptured the tube, and a portion of its contents were poured out into the abdomen. I disturbed the surrounding parts as little as possible and with my fingers and sponge proceeded to enucleate the tube, which, after considerable difficulty, I accomplished. The ovary was found cystic and was removed with the tube. When this was done the cavity was sponged out as thoroughly as it could be and then several gallons of quite warm normal salt solution were used to wash it out, the water being poured in gradually and allowed to run out, while the viscera were gently moved around with the hand.

I believe that there is no better nor safer method in all abdominal cases than the use of great quantities of warm water. It is well known that many times pus found in these abscesses is not septic, but not knowing when it is or is not septic the same thoroughness in regard to making everything as free as possible from all particles of doubtful material should be carried out in the extreme.

When satisfied that all hemorrhage had ceased and that the cavity was apparently clean, the wound was dressed with the exception of the lower angle, where a glass drainage was introduced. Iodoform was freely used over the line of incision and about the tube. The usual dressings were applied and every precaution taken to prevent pus from the opposite side coming in contact with the new work.

When the work was finished the patient's condition was not good, but she was placed in bed, given a small amount of stimulus and warm applications plac-

ed about the body. For the first three days it seemed as though the work were going to prove too much for her vital forces. Her pulse ranged from 140 to 156 nearly the entire time for three days. The abdomen was tympanitic and she had the unfavorable vomiting and distention of the epigastric region. Her temperature ranged from 100 in the morning to 102½ or a little more in the evening. The drainage was pumped out two or three times daily for four days. The first day about two ounces of bloody fluid were removed, the second day about the same amount of fluid which was not quite so bloody, but containing some serum; on the third day very much less and the patient began to improve; on the fourth day the tube was removed, but a small piece of gauze placed instead. On the eighth day, just one week from the date of operation, the stitches were removed and the general appearance of the wound was good, having united without a drop of pus.

The patient made a good recovery and with the exception of having to contend with the old abscess on the opposite side, her condition is of the very best character.

I believe the best and most satisfactory method of dealing with conditions of this character is if possible to proceed in this manner. Many times it is no doubt true that the work may be of a serious character, but the result is far more satisfactory and we have the satisfaction of knowing that we have removed instead of palliated a very serious disorder. There may be instances, and I believe this is true, where such conditions under certain circumstances and in certain individuals render it advisable to go through the vagina, and it can be done successfully, but we never have the satisfaction of knowing just what we have been dealing with, nor what will be the final outcome.

## A RARE OBSTETRICAL CASE.

J. W. JONES, M. D., CHICAGO.

Mrs. C., age 24, married three and one-half years, German descent; good history previous to marriage; mother died of St. Vitus dance; sister, in childbirth; father still living in good health.

Mrs. C—— gave birth to a child one year after marriage, the last three weeks of gestation being accompanied with St. Vitus dance. This nervous affection continued for about two months after confinement, apparently then getting well. One year after this confinement she had a miscarriage. From this she seemed to recover in good condition.

Was called to see Mrs. C—— July 13, 1901; found her looking sallow, limbs swollen, wandering pains and a good deal of general discomfort. She feared she was not going to full time, which would have been about a month from the last named date.

Analysis of urine showed no albumin (trace): Examination showed no signs of labor coming on.

Prescribed.

Next time I was called, four weeks after first visit, found patient in labor; slow, contractions weak, but finally succeeded in delivering an 8½ pound child. The amniotic fluid was of a pea-green color, or perhaps a little darker; large in amount. Placenta was delivered in twenty minutes, complete, no sign of any being retained.

The second day patient showed a decidedly increased temperature, 104 degrees. In my absence from the city, the physician in charge of the case, Dr. M. E. Jones, went over the surface of the uterus with a dull curette, followed by an intrauterine 1 to 2000 bi-chloride solution. Temperature in two days fell to normal. Patient got up the ninth day against all advice. She remained up from that date, but her complexion

was always a sodden yellow. Did not see the patient after the twentieth day until I was hurriedly called on October 1st, about three months later. In the meantime she had moved to another part of the city. Two months after her confinement a near-by physician was called in. It was thought there was an abscess in the left ovarian region, which was a natural conclusion. On examination during my first visit in October, I could not make out anything definite. Digital examination showed the pelvis full of indurated tissue. The patient was having severe intermitting pains; a large tender tumor in the left inguinal region; abdomen tender all over; vomiting green material; bowels, alternate diarrhoea and constipation.

Had the patient prepared in twenty-four hours for operation. It was decided to investigate the uterine cavity first and, if negative, to open the abdominal cavity. The vaginal route not being as desirable in pus cases as an abdominal incision for a number of reasons, the chief being that in the vaginal route one pus pocket might be opened while many might remain, while if there was much adhesion the abdominal opening would give much more room and light to work in. While the shock is a trifle more in abdominal incision, it is preferable in most cases.

The patient was placed in Sims' position and inter uterine examination commenced. On the left side an oval shaped piece of tissue was found, firmly attached to the uterine wall. The edges of this were fibrous, the center placental tissue which had undergone fibrous degeneration. This growth was removed peacemeal down to the uterine walls. The edges cut—nearly as hard as bone; the uterus was thoroughly douched with

a 1 to 2000 bi chloride solution, but not packed as is done in some uterine operations, but was left to drain.

The patient was placed in bed, the abdomen not being opened. The after treatment consisted in nourishing, but not stimulating, diet. She made a rather slow but uneventful recovery. The induration was gradually absorbed.

The remedy was changed as the symptoms varied, especially *Calc. flor.* 12x. This remedy is often indicated in extremely hard indurations. Caution must be exercised not to crowd this salt far so as to get a proving, for then you will have the opposite effect—relaxation of the muscular coat of the vessels and an aggravation of the symptoms.

The one point more especially sought to be emphasized is this: The induration and fibrous degeneration, in the opinion of the writer, would never have resulted in a pus formation as the vitality of the patient would not have held out.

When we go back to the anatomy of these parts we can easily see how such a condition can take place. The uterus being supplied with sympathetic nerves in the lining membrane, and not sensory, does not excite early symptoms in the organ as it would if we had a granulation in the eye. Granulation may go on to such an extent as to protrude from the os uteri, in some cases before much disturbance is noticed in the economy. We often find these peculiar coquetish symptoms in females that have never

been pregnant, especially in women who are married and have never borne children. These are the cases in which we might expect to find fertile soil for the planting of placental or membranous tissue, as there are granulations in many cases already existing, so grafting is easy. Hahnemann says we must first remove the existing cause. It is my opinion that this same condition of retained placental tissue, the results of a miscarriage, is more often a disturbing factor in obstetrics than is recognized, especially in these days of habitual abortions. The hypoplastic growths are often the cause of succeeding abortions, and should they go to full time might result as above described. If pregnancy can not take place the patient's health would sooner or later be undermined.

Where we have a patient who does not respond to the indicated remedy in a reasonable time, it would be a credit to the attending physician to either make a thorough investigation or to call in a specialist and seek to find the exciting cause. When found, remove the same, then give the indicated remedy. Even though we may think the case well taken there may linger a secret smoldering ember that is sapping the life force of the patient, the history of which cannot pass the threshold of her mind. We must do our duty as lies in sight and touch and leave our patient's mind at rest.

## Materia Medica.

### PULSATILLA—COMPARATIVE STUDY. (Continued.)

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#### ALIMENTARY CANAL.

**Mouth** is covered with *offensive, tenacious mucus* in the morning on awaking from sleep. *Slimy* taste increasing to that of *bad meat with qualmish nausea* in the morning. *Food has a bitter taste followed by chilliness with cold sweat.*

**Appetite** is impaired because of the lack of taste due to the mucus covering the entire mucous membrane from the mouth to the stomach. *There is a sense of hunger but an aversion to almost all kinds of food.* Especially is this true for meat and butter. *Thirst is practically gone* but there is an indefinite longing for beer especially in the morning. The feeling is a *need of some kind of a stimulant.*

**Eructations** have the *taste and odor of food* that have remained undigested in the stomach for some time. It begins almost as soon as the food has been taken and continues until it may become *bitter and offensive.*

**Nausea and vomiting.** The feeling of **nausea** is more pronounced than the *vomiting.*

It is that faint, sickish feeling as soon as the mucus is stirred up by eating or drinking. A qualmish nausea that persists so long as the stomach and tongue is heavily coated with mucus. This relaxed condition may be the *direct result of overeating* or the *indirect reflex action of stimulation of the sexual nerve center.* The *vomiting only follows when food has been retained for a long time in the stomach.* When there is vomiting it usually takes on the form of a water brash with a *bitter, sour, or rancid taste*

depending on the character of the food.

**Stomach** has a sensation as if *too much food had been swallowed.* It lies as *heavy as a stone* in the morning. Where there is much pain the cause may be attributed to disturbance in some other part of the body. They are of a *pinching, griping, gnawing, pulsating* character—a form of *gastralgia.*

**Abdomen.** Care must be taken in the analysis of the symptoms found in the abdomen because they are so dependent upon the *reflex action through the sensory nerves.* The sensation of "*heaviness like a stone*" seems located about the umbilicus and is associated many times with the *menstrual period.* The entire abdomen may be *sore to the touch as if bruised* and the focal point may be located about the navel. There is some *distension*, but the *colic* is prominent. It is of a *cutting, griping, constrictive, pinching, sickening* pain *extending up into the stomach or down into rectum, spermatic cord, bladder or pelvis.* It feels as if there was *incarceration of flatus* with strong indications of a stool.

It usually comes on *during the night and follows eating or drinking.* There is more or less *chilliness associated with these pains* showing the degree to which they may be attributed to *reflex disturbances.*

**Rectum and Anus.** There is frequent urging at the anus as if a stool was about to pass. A feeling *as if there might be hemorrhoids*, preceded by pains in the small of the back. *Blind hemorrhoids with itching at the anus. Bleed*

ing from hemorrhoids relieves the peculiar sacral pain. *Very little tenesmus.*

**Stool.** Frequent soft stools mixed with green mucus. The greater the proportion of mucus the greater the pain. *Diarrhœa more frequent at night*, because greater excesses are committed during the latter part of the day and evening.

Hahnemann says that the following symptoms are most important and common expressions of the evacuations of *Pulsatilla*: "Difficult evacuation with painful pressing out in the rectum and sacral region. Without straining in either the rectum or anus, there seems to be a constant desire (in the remote intestines) with an evacuation. Frequent desire for stool (frequent urging) as if a diarrhoea would occur from time to time. *Frequent soft stools mixed with mucus; Frequent evacuations of only mucus with colic before each stool.* Frequently obliged to go to stool with bad color of the face (sickly expression) and faintness."

**Antimonium cr.** The tongue is thickly coated with white mucus in the forenoon and there is a considerable rawness of the palate when clearing the throat with expectoration of much mucus with a fœtid odor somewhat similar to the ptialism of *Mercurius*. We have the pronounced nausea with the loathing of food and even vomiting. The belching tastes of the food, bitter as a rule; there is thirst, especially at night.

The difference between *Antimonium cr.* and *Pulsatilla*, so far as digestive symptoms are concerned, lies in the inflammatory condition of the stomach followed by a regular catarrhal dyspepsia. You will find special indication in children who are in the habit of eating sweets and are peevish and irritable.

**Argentum nit.** We have found that *Argentum nit.* follows *Pulsatilla* in many catarrhal conditions. It also follows

*Pulsatilla* in gastric derangements. There is considerable mucus in the mouth and fauces, in the morning, obliging him to cough and spit. But the tendency is toward ulceration and for that reason its action is much deeper, with special affinity for the throat, thus differing very materially from *Pulsatilla*. There is a feeling of rawness and soreness with sensation of a splinter when swallowing (*Nitric ac.*) In the stomach we have an increased appetite with almost irresistible longing for sugar; there is nausea after each meal, worse during and after the dinner in the evening, with troublesome efforts to vomit. The faintish nausea differs from the qualmsiness of *Pulsatilla*, both in degree and in the fact that it occurs in the afternoon. It moreover resembles the sensation of hunger. There is well marked inflammation of the stomach, with a painful swelling at the pit. The desire for stimulants is more of a craving, which points to the irritable condition of the stomach. The abdomen is distended, with great anxiety and colicky pains in different portions followed by greenish fœtid stools containing much mucus and accompanied by noisy emissions of gas. Diarrhœa may be caused by the least excitement. *This remedy is especially indicated in chronic cases.*

**Arnica.** Mouth is dry, tongue coated white in the morning, breath fœtid, offensive taste like rotten eggs, comes from the stomach with eructations. More or less loss of appetite with general repugnance to food, especially meat, broth and tobacco. There is that pressure in the abdomen, like a stone; spasmodic contractions moving up and down in the stomach and abdomen, with frequent urging to stool which is more or less constipated. The same offensive status coming from the stomach will be observed in the fecal matter. The stools are usually diarrhœaic, come at night

preceded by flatulent colic and have a general *putrid* condition, reminding one of typhoid fever. Later in the proving it may become *involuntary at night in sleep*:

*Cocculus*. The gastric derangements of *Cocculus*, corresponding with that of *Pulsatilla*, are due almost entirely to *reflex irritation*. We have the *nausea* and *vomiting from riding in the cars or carriage or upon the water*; extreme *aversion to food*, with *persistent qualmishness* associated with a *bitter, metallic* or *putrid* taste in the mouth, frequently indicated in the *nausea and vomiting of pregnancy*.

*Graphites*. The similarity between *Pulsatilla* and *Graphites* in other respects is not entirely lost in the gastric derangements. The mouth, however, differs very materially in that we here have a tendency to *burning blisters* on on the *lower side and tip of the tongue*. (*Natrum mur.*, *Nitric ac.*, *Lycopodium*). The mouth may be covered with a *slimy, sticky mucus* in the morning, or the *saliva* may be so *profuse as to run from the mouth*. The taste may be *bitter, sour* or *offensive*, with or without thirst. There is a ravenous appetite, followed in a short time by an *aversion to the thought of sweet things or animal food* which, however, taste well when eating. The eructations taste of the food and there is a tendency to the *constant spitting of saliva* when the stomach is deranged. In the abdomen we have distress with *pain as from the incarceration of flatus*. At the *anus* we may have *burning hemorrhoids with prolapsus*, but *without any urging, as if the anus were paralyzed*. There is the *itching, smarting soreness* as from *erosion* at the *anus*. The stool may be soft *diarrhœaic, with prostration*, or lumpy with threads of mucus or dark, *half-digested* matter and of a very *offensive* odor. (*Sulphur*). Associated with the *prolapsus* of the

*anus* there may be *sticking* pains that may require careful differentiation from *Nitric ac.*

*Nux vomica*. Mistakes frequently arise in the differentiation between the gastric derangements of *Nux* and that of *Pulsatilla* because the prescriber does not make his totality large enough to cover the characteristics of the two drugs. The mouth and fauces may be covered with *thick yellow mucus in the morning*, and there may be *absence of thirst with much saliva* in the fauces and *offensive breath* in the morning. There may be more or less *aversion to food*, with a general *desire for stimulants*. There may be *nausea in the morning*, with *chilliness* and *faintness*; but the gastric derangements are almost always associated with *cutting, cramping* pains in stomach and abdomen with *spasmodic, but frequently ineffective, efforts to vomit*. The *nausea and vomiting* being due to the *irritation* of the stomach caused by general disturbance of the cerebro-spinal nervous system. The feeling as of a *stone in the stomach* and abdomen, with the sense of having *overloaded* the stomach is fully as marked in *Nux* as it is in *Pulsatilla*. There is general *aggravation from eating and drinking*, so that the *Nux* patient needs to refrain almost entirely from food until the acute symptoms have abated. In the abdomen we have marked *flatulence after eating or drinking* with the same *spasmodic cramping* pains that we have in the stomach. These pains may become so pronounced as to develop a *tendency to inguinal hernia*, with the probability of the same becoming *incarcerated*, owing to the *irritable* condition of the *muscles* and the *spasmodic* contraction of the same. The action of *Nux* upon the rectum is pronounced and we have the *spasmodic* pains, *contractions* with frequent *ineffectual urging to stool*. The *hemorrhoids* are usually of the *blind*

character and extremely *painful*, aggravated by constipation and the irritable condition of the anus.

*Sepia*. Fœtid smell comes from the mouth with much mucus on soft palate. *Dryness of mouth, tongue and throat in the morning*. Bitter taste or sour in the morning. Foul, filthy taste as from old catarrh. *Appetite increased*. Sight of food causes mouth to water. *Inclined to eat too much*. *Thirst increased*. *Nausea relieved by eating*. Morning nausea of pregnancy > eating which may be followed by vomiting. *Gnawing and weakness in stomach, relieved by eating*. Empty gone feeling within hour or two after eating with *prostration* compelling him to eat. Pulsations in stomach with hot flashes in face (climateric). There may be the burning, cramping, heaviness and tenderness, showing the *irritable* condition of the stomach but there is nothing peculiar. The *empty feeling in the abdomen* is characteristic of the gastric condition, but we have even a greater disturbance through the abdomen from reflex *uterine* cause than in *Pulsatilla*. However it is located in the *hypogastric* and *iliac* region. There may be *itching, burning and soreness at the anus* with prostration of hemorrhoids. Stools unsatisfactory. There may be exhausting diarrhea with empty feeling in stomach and abdomen, or there may be frequent urgent to stool with unsatisfactory results reminding you of *Nux vomica*. The uneasy feeling at anus frequently due to presence of *ascarides*. *Constipation most frequently noted by the female provers*, showing its relation to the pelvic center.

*Sulphur* acts so prominently upon the alimentary canal that all of its peculiar derangements cannot be studied in comparison with *Pulsatilla*. It contains many elements in common to the superficial observer, but fortunately the same

observer will be prompted to give the deeper acting remedy *first* and thereby clear up the uncertainties in the case.

The mouth may be *dry and sticky* in the morning. The taste may be *insipid, bitter, metallic, pasty*, offensively sweet with nausea or sour like vinegar. The *appetite is increased* during early part of the proving. *Ravenous appetite*—must eat frequently or suffer from headache. As the disease progresses, the *hunger may be pronounced*, but *sight of food destroyed the appetite* for time being. *Thirst is constant but drink* does not satisfy. Eructations are frequent and as a rule empty but may be *sour*, taste of food, or be accompanied with heartburn. Nausea with *qualmishness* and vomiting is of frequent occurrence. Nausea is due to the irritability of the stomach which has the sensation of *fullness and heaviness* most of the time with great *tenderness on pressure*. The *11 o'clock faint, all gone feeling* is a clinical symptom of value. There is general *distention of the abdomen with rumbling of gas*. *Gripping about naval > by emission of offensive flatus*. Pains begin during the evening, increasing in severity during the night and relieved only by the morning stool, followed by much offensive gas. There may be incarcerated flatus with pressure in the inguinal region as if a hernia would form, but the general symptoms make differentiation easy between *Nux* and Sulphur.

The orifices of the body are favorable points for observing the action of Sulphur. In the rectum and anus. There is much irritation from an acrid, slimy mucus discharge with violent *itching* and intense *burning*. The *congestion* of hemorrhoidal vessels is not marked and the hemorrhoids are of the moist, seeping variety without much hemorrhage. There is frequent urging as for stool, but when the stool is actually

ready there is but little warning other than the colicky pains which usually go before. As a rule, one stool is not sufficient and there may be two or three in the early morning when all inclination will disappear until toward night or early the next morning. These charac-

teristic stools are usually preceded by unusual *irritation* at the *anus* for several days associated with *irregular, unsatisfactory* stools and general *derangement* of the *stomach* and followed for a few days with unusually good health.

## FERRUM.

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In the U. S. Pharmacopœia this metal is employed in different preparations, in the form either of wire or filings.

Iron is the most abundant and useful of the metals, and so interwoven with the wants of mankind, that the extent of its consumption by a nation may be taken as an index of its progress in civilization. It is universally diffused in nature, not only in the mineral, but also in the vegetable and animal kingdoms. There are very few minerals in which traces of it are not to be found, and it is an essential constituent in many parts of animals, but particularly in the blood. It is one of the few metals which are not deleterious to the animal economy.

Iron is a hard, malleable, ductile, and tenacious metal, of a grayish-white color and fibrous texture, a slightly styptic taste, and a sensible odor when rubbed. In tenacity it yields only to nickel and cobalt. It possesses the magnetic and welding properties. It is combustible, and, when heated to whiteness, burns in atmospheric air, and with brilliant scintillations in oxygen gas. At a red heat, its surface is smoothed into a black oxide, and at common temperatures, by the combined agency of air and moisture, it becomes covered with a reddish matter, called *rust*, which is the hydrated sesquioxide. It combines with all non-metallic elements ex-

cept hydrogen and nitrogen, and with most of the metals.

The preparations of iron are pre-eminently tonic, and peculiarly well fitted to improve the quality of the blood, when impoverished from any cause. Hence the allopathic school make use of them in diseases characterized by debility, especially when the consequence of inordinate discharges. The diseases in which they are usually employed are chronic anæmia or chlorosis, hysteria, leucorrhœa, scrofula, rickets, passive hemorrhages, dyspepsia, when dependent on deficient energy of the digestive function, and neuralgia. They are contra-indicated in all inflammatory diseases producing, when injudiciously employed, heat, thirst, headache, difficulty of breathing, and other symptoms of an excited circulation.

### Ferrum Metallicum.

For Homœopathic Use:—Pure reduced iron is prepared by trituration, as directed under Class VII.

General Analysis:—Ferrum acts pre-eminently on the blood in such a manner as to produce a debilitating and disorganizing effect upon the entire system, its special influence being exerted on the vegetative sphere, as indicated by its symptoms.

The leading expression of the drug is general exhaustion and weakness with anæmia.



Characteristics:—Rush of blood to the head; veins of head swollen; with flushes of heat in face,

Fiery redness of the face.

Vomiting of food immediately after midnight.

Difficult breathing and oppression of the chest, as if some one pressed with the hand upon it.

Face flushes easily on the least excitement or exertion.

Clinical Cases:—A large, strong man, 33, who has never been real sick, commenced to have slight drawing pains in the right shoulder. After ten days it became tearing, with occasional stitching pains, shooting into the elbow, with it, paralytic weakness of the upper arm. The pain becomes unbearable from motion and at night in bed, he cannot remain in bed. Walking about, relieves the pain somewhat. There is no swelling. Otherwise he is perfectly well. *Ferrum met.* 2x, one dose every 12 hours, cured in four days.

Case II.—A boy, 12 months, was taken from the breast ten weeks ago and has had, since then, painless, odorless, reddish-brown watery diarrhoea, from twelve to fifteen stools in the twenty-four hours. Decided pallor of the surface of the body, emaciation, great exhaustion, œdema of the scrotum and of the extremities. Canine hunger without much thirst. Distinct venous murmurs. *Ferrum met.* cured in five weeks.

#### **Ferrum Arsenicum.** *Arsenate of Iron.*

Arsenate of iron is white when first formed, but quickly becomes green on exposure to the air. It is an amorphous powder, without smell or taste, insoluble in water, but readily dissolved by muriatic acid. It consists of three equivalents of protoxide of iron and one of arsenic acid.

By the older school of medicine the arsenate of iron is said to unite the vir-

tues of the two metals which enter into its composition; but the quantity of iron in any permissible dose is so small as to be nearly or quite insignificant; and the activity of the medicine is in fact due to the arsenic alone. The complaints in which it has been found efficient are those in which arsenic in any other form has proved to be a most valuable remedy.

The remedy is claimed by our allopathic brethren to be peculiarly useful in chronic affections of the skin, especially those of scaly character, as lepra, psoriasis, and the advanced stage of eczema and impetigo. It is useful also in lupus; and mixed with twelve times its weight of simple cerate, may be employed externally in cancerous ulcers, though much caution is requisite. The dose employed being from the one-eighth to the one-tenth of a grain. It may be given in pill three times a day.

For homœopathic use the pure arsenate of iron is prepared by trituration. The drug has not been sufficiently proven to enable us to give any characteristic symptoms.

#### *Ferrum Iodidum, Iodide of Iron.*

This is a crystalline substance, exceedingly deliquescent, of a greenish-black color, and styptic, chalybeate taste. It is very soluble both in water and alcohol.

Its powers are those of a tonic, alterative, diuretic, and emmenagogue. It sometimes sharpens the appetite and promotes digestion, and occasionally proves laxative. When it does not operate on the bowels, it generally augments the urine. Its use blackens the stools and lessens their fetor. It is chiefly employed by the allopaths in scrofulous complaints, swellings of the cervical glands, visceral obstructions attended with deficient action, chlorosis, atonic amenorrhœa, and leucorrhœa. In secondary syphilis, occurring in debili-

tated and scrofulous subjects, it is deemed by them a valuable remedy. The dose is one grain, gradually increased to eight grains or more.

For forming enemata, injections for the vagina, and lotions for the ulcers, one or two drs. of the iodide of Iron may be dissolved in a pint of water.

*Ferrum Phosphoricum. Phosphate of Iron.*

It is prepared by mixing sodium phosphate with sulphate of iron in certain proportions. The resulting precipitate is filtered, washed and dried, and rubbed to a powder which is bluish-gray, without odor or taste. Soluble in acids, but insoluble in alcohol or water.

For homœopathic use the pure precipitate is prepared by trituration, as directed under Class VII.

*General Action.*—Ferr.phos. becomes the first remedy in all cases depending on a relaxed condition of muscular tissue, wherever found, also for an abnormal condition of the blood corpuscles themselves.

In febrile disturbances and inflammations at their onset, especially before exudation occurs. Especially useful in debility of children with failing appetite, becoming dull and listless, loss of weight and strength.

*Characteristics.*—Soreness of the head to the touch.

Eyes inflamed, red, with burning sensation, sore and red-looking.

Sensation as if grains of sand were under eyelids.

Sore throat, dry, red, inflamed, with much pain.

Æmæmia, blood poverty, want of red blood.

*Argentum Metallicum. Silver.*

Silver is found in the metallic state, but more often in combination with sulphur as sulphide, together with sulphides of other metals. The most important silver mines are those in the

extreme western portion of the U. S., Mexico, Peru, and in the Hartz mountains in Germany.

Chemically pure silver may be obtained by boiling equal parts of silver chloride (precipitated from the purified nitrate), glucose and crystallized sodium carbonate, in three parts of water. The precipitated silver should first be washed with a very dilute hydrochloric acid solution, and finally with distilled water.

Silver is a remarkably white metal, extremely brilliant and has specific gravity 10.5. It is harder than gold, but is malleable and ductile. It is unaltered in the air at any temperature less than that of oxyhydrogen blast. It fuses at 1832 degrees F., and under the oxyhydrogen blow-pipe it crystallizes. It unites readily with sulphur, chlorine and phosphorus. and dissolves easily in nitric acid.

*Preparation for Homœopathic Use.*—

Chemically pure silver is prepared by trituration, as directed under Class VII.

*General Analysis.*—Chief action is upon the articulations and their component elements — bones, cartilages, ligaments, etc. Cartilaginous surfaces; cartilages of the ears, eustachian tube, nose, false ribs; tarsal cartilages, etc. Also on the glandular organs and the heart.

*Characteristics.*—Viscid, gray, jelly-like masses in pharynx, easily hawked up; early in the morning.

Throat feels raw and sore during expiration of coughing.

Crushed pain in the testicles.

Pains in left ovary and loins.

Rawness and soreness in the upper part of the larynx, when coughing, not when swallowing.

*Argentum Nitricum. Nitrate of Silver.*

When pure silver is treated with nitric acid free from chlorine, complete solu-

tion of the silver occurs with the formation of its nitrate. The solution is transparent and colorless, and in order to free it from excess of acid, it is placed in a porcelain dish upon a sand bath, and, with constant stirring, heated to dryness, the heat is then raised till the substance fuses. After partial cooling a two-thirds volume of distilled water is added and the mass is dissolved, the solution placed in a shallow porcelain dish and set aside in a room free from dust, and whose temperature is from 86 to 104 degrees F. After some days the salt will have crystallized out. The crystals are to be removed, and drained in a glass funnel till dry.

Crystallized silver nitrate forms colorless tables of the rhombic system. Their taste is caustic, bitter and metallic. They are soluble in their own weight of cold, and in half that amount of boiling water, and in four parts of boiling alcohol. The solutions are neutral in reaction.

The salt fuses easily on heating, and when cast into sticks is known as *lunar caustic*. It undergoes decomposition when in contact with organic matter in the presence of light, depositing a black substance, probably consisting of the suboxide. The crystals are anhydrous.

As an internal remedy, by the allopaths, nitrate of silver is deemed tonic and antispasmodic. The principal diseases in which it has been employed are epilepsy, chorea, angina pectoris, and other spasmodic affections. It is among their most effective remedies in chronic gastritis, attended with pain and vomiting. Whatever may be the remedial value of this salt internally administered, its occasional effect of producing a slate-colored discoloration of the skin, which is seldom removed, is a great objection to its use.

Externally, nitrate of silver is occasionally employed in solution as a

stimulant and escharotic. A solution, made in the proportion of one-half grain of the crystals to a half dram of distilled water, forms a good mouth wash for healing ulcers produced by mercury.

A solution containing from two to ten grains of the crystals to a fluid ounce of distilled water, is an excellent application in ophthalmia with ulcers of the cornea, in fetid discharges from the ear, aphthous affections of the mouth, and spongy gums.

The dose of nitrate of silver (crystals) is the fourth of a grain, gradually increased to four or five grains, three times a day. In the treatment of epilepsy, they give at first grain doses, to be gradually increased to six grains, three times a day,

Nitrate of silver, in an overdose, produces the effects of the corrosive poisons. The proper antidote is common salt, which acts by converting the poison into insoluble chloride of silver.

#### *Preparation for Homœopathic Use.—*

One part of weight of pure nitrate of silver is dissolved in nine parts by weight of distilled water. Amount of drug power, one-tenth.

Dilutions must be prepared as directed under Class V-A, except that distilled water is used for the 1x, 2x and 3x and 1 dilutions, and dilute alcohol for the 4x and 2 dilutions, strong alcohol being used for all further attenuations.

Dilutions should be freshly made as required for use.

*General Analysis.*—Most important action is on the blood, producing an antiplastic effect, rendering it more fluid and darker, the red corpuscles lose their coloring matter; the blood stagnates in the vessels and nutrition is interfered with. As a result of this deficient nutrition, the bones and periosteum become affected, and the mucous

membranes become involved in a catarrhal inflammation, and finally degeneration of these and of the muscles takes place. The nerve centers are also involved, giving rise to serious symptoms of cerebral and spinal derangement.

*Characteristics.*—Vertigo and buzzing in the ears, and general debility of the limbs and trembling.

Headache, relieved by binding something tightly around the head.

Gray spots and serpent-like bodies move before the vision.

Canthi red as blood; the caruncula swollen, standing out like a lump of flesh; clusters of intensely red vessels extend from inner canthus to cornea.

Tip of the tongue red and painful; papillæ erect, prominent.

Thick, tenacious mucus in the throat, obliging him to hawk.

Sensation as if a splinter were lodged in the throat, when swallowing, breathing, or moving the neck.

Uvula and fauces dark red.

Dr. Clifton writing of the use of this drug in catarrhal ophthalmia, relates the following case: "The patient was a stout gentleman, with a florid complexion, aged fifty years, who, a week previously, had been exposed while hunting to a keen northeast wind. The following day he suffered from pain and heat in the eyes. He dosed himself first with yarrow-tea, and then with Frampton pills. After a week of this kind of domestic treatment I found him in a dark room, quite unable to bear the light, complaining of headache and fullness in the head. The eyeballs were closed and swollen. From the left eye a mucopurulent discharge was coursing down the cheek. By pressing open the lids I could only get a glimpse of the pupil through an aperture about the size of a small pea. The conjunctiva was swollen and intensely injected, looking like raw flesh. The caruncula lachrymalis was

swollen. The right eye was nearly as seriously affected. On studying the proving of *Argentum nit.*, I found a complete picture of this case. I gave him drop doses of the second dilution of it every four hours. Improvement set in at once, and with no other medicine he rapidly mended, and was hunting again in three weeks."

Its action upon the mental group is well illustrated by the report of the following case by Dr. Seip:

"A young man, 18, had enjoyed good health up to the spring of 1874. He grew up very rapidly within the last year, and now measures six feet two inches. Weight 165 pounds. Has masturbated for two years. Last summer his friends noticed that he acted rather shyly, and that he was at times gloomy and irritable. He had no appetite, and was troubled with sleeplessness and constipation. The family physician treated him for biliousness, with cathartics, followed by quinine and iron. At the end of three months, finding that he was getting no better, he came to the city for treatment. His general appearance was that of an imbecile, his conversation very childish, at times disconnected, would forget what he wanted to say, and then look around, as if expecting some one would help him out. He does not work, because he thinks it will do him harm, or that he is not able to stand it. Says his legs are shaky and his hands tremble. Palpitation, with constant throbbing in his head. Cannot sleep at night, because he is so nervous. His sleep at night is disturbed with horrid dreams. Has left sided headache in the morning for several hours. Complains of a constrictive pain in the forehead, as if small spots the size of a dime were daily contracting and getting smaller, and thinks that as soon as it has drawn together, he will go crazy. He feels now as if everything at home

had changed, and that his mind is weak. The lower lumbar region is slightly sensitive to pressure. While coming to the city, he had an attack of palpitation, with anxiety and trembling, compelling him to get out of the wagon and walk rapidly. The first four remedies given were *Phosphoric acid*, *Nux vomica*, *Platina*, *Macrotin*. In Nov., 1874, he took *Argentum nitricum*, third dilution, three drops three times a day, for one week. I did not see him for three

weeks; he then presented another appearance; he looked bright and cheerful, had a good appetite and slept well, only occasionally has an attack of palpitation, and the paroxysms of nervousness and trembling are not as frequent nor of so long duration. The same remedy was given in the thirtieth attenuation one dose a day. In June, 1875, I met him on the street, apparently well and happy."

#### A CASE—AN ALLOPATHIC M. D., CURED HOMŒOPATHICALLY.

WM. L. MORGAN, M. D., BALTIMORE, MD.

April 8, 1901. Dr. A., age about 60 years, who had graduated and practiced medicine several years in the dominant school, and had retired from it and engaged in dealing in real estate for several years, but still retaining his old prejudices; had now been on the downward road for several months with a complication of diseases; had been blessed with the attention of many eminent physicians and many scientific diagnoses. After weeks of hospital care and still progressing downward, he returned to his boarding house, expecting to hand in his checks soon, when, through the influence of a mutual friend I was called.

The most prominent symptoms available were a general wreck, able to walk about, looking dilapidated.

Appetite, strange and variable.

Digestion slow and variable.

Bowels costive, alternating with diarrhea.

Aching in the region of kidneys; urine dark, strong, foamy, greasy, muddy sediment.

Mind cross, glum and sulky. A fair case to begin with *Nux vomica*.

He got *Nux vomica*<sup>cm</sup> and *Sac. lac*.

April 10th. Found him in a better humor, but with an incredulous look.

Urine yellowish-green, greasy looking, as mixed with bile, with other symptoms better defined. By repertory he got *Digitalis*<sup>100</sup>. A powder once a day and *Sac. lac*.

April 20th. Not so cross but with an expression as though he could tolerate my presence through charity or generous indulgence, which made me think of *Platina*, but on seeing the improvement in the urine, appetite and complexion and all other parts, I renewed *Digitalis* same as before.

April 30th. General improvement, looking fresh, urine nearly normal, renewed remedy, giving a dose every third day and to call at office in about ten days.

May 18th. Dr. A. called, said he was better, he did not know whether it was the remedy did it, or was it a happen so?

Nov. 11th. My friend was to see me, he had met Dr. A., who was sure the treatment did no good and as a reason said that some of the medicines was only taken every three days and some he had not taken and he was sure that so little stuff could not cure such a case, yet at the same time he knew how sick he had been and that none of his physicians could tell what ailed him or re-

lieve him, but he would not see virtue in Homœopathy, although he acknowledges that he had been well ever since, and appeared to express the idea that he would rather have died or suffered as he was doing than agree that he had been cured by Homœopathic methods.

WM. L. MORGAN, M. D.  
Baltimore, Md.

#### Hemorrhoids—Causticum.

March 26, 1901. Woman aged 43. Singer and music teacher. Hemorrhoids off and on for a year. For past month has been confined to room and mostly to bed and couch with worst attack she ever had.

Has had *Aesculus* and *Aloes*, *Nitric ac.*, *Natrum mur.*, *Aesculus* suppositories etc.

Present state:

Great desire for stool and inability to pass it because the sphincter won't relax.

Strains as if trying to force open something.

Sensation of sharp knives with great pulsation and sweating if does have stool.

Sensation if pushing out and dare not draw up, is so sore.

Sensation of stone remaining after stool.

Sensation of sticks and stones in rectum turning over and over.

Stools in balls, have been flat at times.

Stools grayish white like potter's clay.

Past history:

Has had what has been diagnosed as appendicitis several times.

At that time < tight clothes; must get them off.

Right ovary region, sensation of a lump.

Pulling if turns to left.

Headaches: Run down into cords of neck.

Head feels drawn backward, has to pull it forward.

Headaches < during and after stool

> light vinegar.

> eating.

> hard pressure.

Sensitive to noises and pain; acute smell.

Sensitive nervousness shows itself in great talkativeness; talks much to cover up her lack of welcome to visitors.

Nose always red, lower part.

Urine. Inability to retain it long; has past involuntarily.

Has been given *Lachesis*<sup>30</sup> by the bottle and many other remedies. One dose of *Causticum*<sup>30m</sup> was given and the entire condition cured in three days.

The case illustrates a few points of homœopathic practice. Piles are curable by the potentized internal remedy unaided by any local washes or applications. To many prescribers all cases call for *Aesculus*, *Nux* or *Sulphur*. Another sect give two or three remedies, *Aesculus* often being included and douches of hamamelis or suppositories with a little *Morphia*. Still another cut them, or burn them, or tie them—homœopaths too.

But in this sickness as in any other, one thing only points to the remedy—the totality of the symptoms.

In the above case upon comparison of all the sensations with those recorded in the repertory, no remedy was found to correspond with them all, though symptoms could be found under all the remedies previously administered. An analysis of the case, however, showed the predominant condition to be one of a paralytic tendency, yet with intensity of symptom, nervous excitement and spasmodic action. No remedy fits this general state better than *Causticum* and a perusal of the *Materia Medica* decided the choice.

It is amusing to read of the imperfections of our *Materia Medica*, of the want of response of patients and of

cases that have had certain remedies "tried." They have tried homœopathy they tell you. On careful questioning they reverse the part that no homœopathy was ever tried, but only the merest sham and perversion of it, and it does not lie wholly with the mongrel or low potentists either, it is done at the hands of cm potency givers. Life is a hurry and bustle, it is too short for him to select and administer the simillimum at first. A change of symptoms occurs after the partly homœopathic remedy not real aggravation. A new remedy must be fitted to the changed picture, and so he goes on, no remedy is ever allowed to complete its action, the case

never comes into order, but is in hopeless confusion. If such a patient recovers he does it by his own constitution, possibly aided by the remedies, but it is not an ideal cure.

Because we give the high potencies, let us not fancy ourselves homœopaths, from that alone. Let us carefully select our first remedy, then give it time to complete its action without change or repetition. Doing this it is wonderful how our cases become simple and open, how they come into order. Then indeed are we following the principles of Hahnemann.

Philadelphia, Pa. GEO. COOPER.

## Editorial.

### "PRACTICAL HINTS."

Beginning with this issue of the *ADVOCATE*, we take pleasure in announcing the organization of an editorial staff whose duties it will be to glean from their daily experience and the experience of others such "hints" as have proven of great practical value to themselves. The contributions will be pointed, and cover the entire range of medicine. Every reader of the *ADVOCATE* is invited to send in his "hints," and the same will be carefully edited and classified, so that due credit will be given to each one. It is believed that this departure will be one of the most attractive features of the magazine and we will gladly enlarge the number of pages if necessary to meet the demand for additional space.

Announcement will be made in the December issue of those who will assume charge over the different departments, to whom contributions may be sent.

Let us have responses from at least a hundred contributors within one week from the reading of this request. Make your contributions as varied as you

please, but limit each hint to twenty or twenty-five lines of manuscript.

### TETANUS—VACCINATION.

Fifty years ago all inoculation with vaccine virus was taken from the pustule of a so-called healthy child. Today the demands for safety are determined by the laboratory expert, evidence of impurity being dependent upon physical abnormalities. The serum may be obtained from a syphilitic or a tuberculous source and pass the examination of the expert, if no characteristic germs are present in that minute portion under examination, although the entire mass may be more or less thoroughly impregnated with the germs of disease.

Much comment and severe criticism has appeared in the public press over the deaths from tetanus following the administration of antitoxin and the use of vaccine virus. It is not our purpose to associate the death in any of these cases to the direct inoculation of bacilli tetani, but to utter a general protest against the introduction of agents cap-

able of materially affecting the entire organism. The use of antitoxin and the crude vaccine virus belongs to the domain of material things and they should have no place as therapeutic agents in the armamentarium of the homœopath. Therapeutically speaking, the direct product of syphilis, diphtheria, small pox etc., would come nearer being the simillimum than would be the injection of the bacteriological product of these germs, plus the carbolic acid or other agents employed for the preservation of this susceptible agent. Practically speaking, we have the means within our own grasp of thoroughly testing the action of these germs upon the healthy organism, and in such a manner as to protect the prover from serious after results.

Actuated by the same spirit of progress that has prompted other investigators to develop these different toxins, we should accept the challenge and with our exact methods for determining the therapeutic action and value of different agents, make exhaustive investigations upon healthy individuals, with potentized preparations from which all extraneous matter has been removed, and then give to the world the results, with the demand that they shall be tested and their value determined by clinical experience.

The tendencies of the day have been

to place the responsibility of much of the machinery governing the health of communities in the hands of mere politicians, who are capable of no higher incentive than the perpetuation of political power. The scientists employed by this power become the creatures of political necessities, and have no protection from or security against unreasonable and unjust discrimination. Their tenure of office is dependent upon the strength of their "pull." There is little incentive for the formulation of careful plans, covering a sufficiently long term of years for the development of the same. The logical result following this state of affairs is revealed in the impure and deleterious products forced upon the public through the manipulations of our officious boards of health.

It is unreasonable and unscientific to condemn before we are able to suggest an improvement. The necessities of the hour are patent to every thoughtful mind. Serum therapy has taken a strong hold upon the profession, and the time is ripe for such an investigation as will carry conviction to the mind of every intelligent individual. Let us be courageous and willing to face the problem with that determined spirit that prompted Hahnemann to sacrifice his personal interests for the sake of suffering humanity.

#### THE ARIZONA QUARANTINE.

Arizona is to be quarantined against tuberculosis. A bill to that effect is being prepared for the next territorial legislature. In my meanderings I have not found anywhere else so safe an asylum for consumptives as Southern Arizona. The almost constant sunshine and warm, dry atmosphere make it ideal for most cases. The phthisical patient needs the open air but not cold air. He needs to be where he can lie

out doors and wander at his own sweet will far away from his hut without fear of a "northerner" coming on him unawares and searching the marrow of his bones before he can find shelter. He wants to be able to stroll around his cabin door, or dig the dirt or prune his orange trees or do anything else that suits his fancy without having to wear an overcoat or an undercoat, a top shirt or a bottom shirt, so far as the weather



is concerned. He wants to get up in the morning without a fire, and without a shiver, lie around in the warm sand all day with nothing on but a panjama.

He don't want to hug himself to keep warm in doors or out of doors, nor chink up the crevices of his hut to keep out the winter's wind. He wants the blue sky above him, the warm earth beneath him and heaven's breeze around him every day in the week and every month in the year. Under such conditions, and with no medicine, the consumptive has a better chance for life than in an adverse climate, with the best medical attendant. The enactment of the proposed law will entail a hardship upon the afflicted east and north. Self preservation, however, being Nature's first law, self protection following as a close second. We cannot blame Arizona for the attempt to protect her citizenship. The necessity or inutility of such a law depends upon whether or not tuberculosis is contagious. I have treated five hundred cases and never "caught" it. Of these five hundred cases, an average of fifty people to the case, had better opportunities for "catching" it than I did, yet not one of the fifty multiplied by five hundred ever "caught" it. I have known a score of consumptive husbands nursed by healthy wives who lived in the same house, same room, slept in the same bed, ate from the same dishes, drank from the same cups for years, until the shadow of a husband passed out among more shadowy shadows, leaving the buxom widow free to marry another husband, with good lungs and rear a healthy family; which she did.

If the wife has been the unfortunate and has from the same cause filled an early grave the husband has selected another partner to share his joys and sorrows and if Mrs. No. 2 has been free

from tubercular taint, they also have raised healthy children.

Question: Is consumption contagious? No! Is it infectious? Yes! So is death! Is death contagious? Live with a dead body, prop it up at your table three times a day! Grewsome, but not dangerous. Sleep with it seven nights in the week, disagreeable but not destructive. Inject a drop of its debris under the skin and see if it is infectious!

Do the same thing with tubercular sputa and get a similar result. Get a similar result from the injection of any kind of pus or putrid matter. Even common dirt will do, or even clean dirt. Powdered flint, white sand clean as purity.

Inject inside a serous sac of any animal predisposed to tuberculosis, any foreign material and start a tubercle. Expose any non-tubercular, non-scorfulous animal to any possible opportunity of contagion with perfect impunity. No one ever caught it. No one will ever catch it. It is not catchable. People do not catch consumption. Consumption catches them. Caught them when they were babies. Caught them before they were born; dogs their footsteps through childhood, lies in wait for them in maturity, not outside but inside, not simply with, but of them, part of them, waiting and watching an opportunity to become active and destructive. A wound, an injury, an illness, anything which lowers or decreases resistance is an opportunity.

Good hygienic surroundings and especially good atmospheric conditions may prevent an outbreak through a long life, may even stop the ravages of the disease and protract and prolong life to old age.

If therefore Arizona quarantines against us she will do a cruel and an injudicious thing. Cruel because she

shuts us out to shiver and die in the outside cold. Injudicious because she will deprive herself of many a good citizen who might aid in the development of her resources and become an ornament to her society. I doubt if Uncle Sam will

let her shut his nephews and nieces out, but perhaps if HEALTH-HOMOEOPATHY, or the ADVOCATE will tell her how we feel about it she will not attempt it.

T. H. HUDSON.

## Practical Hints.

Dr. A. G. Downer, of Princeton, Ill., gives us the following valuable hints:

### Itching Piles—*Urtica urens*.

When your cases of itching piles don't get on from your well chosen remedies, try *Urticaria urens*, third or thirtieth. With me it is specific.

### Ringworm—*Bacillinum*.

A case of ringworm of scalp after allopathic drugging and all the daubing on of cerates, was cured by *Bacillinum*<sup>100x</sup> followed by *Thuja*<sup>30x</sup> with great improvement to health of boy.

### Cystitis—*Mercurius*.

The worst case of cystitis I ever saw, great tenesmus, large quantities of bloody mucus after well chosen remedies failed. *Mercurius*<sup>30x</sup> speedily and permanently cured.

### Vaccination—*Vaccinimum*.

A large fat sluggish boy, and nearly ruined by vaccination, wetting bed nightly, dull in school, sensitive to cold air and generally delicate, speedily placed on highway to recovery by antidoting the effect of vaccination by *Vaccinimum* one m and cm.

### Suppression—*Argentum nit.*

A little girl who had taken cold resulting in ulcerated patches in throat, heroically treated by allopathic disciple and throat cured (?), but rheumatism set in which three months of his skill(?) failed to cure. She was removed from her home in Memphis, Tenn. to Princeton. I antidoted the nitrate of silver with which he had burned her throat with nitrate of silver 1m, and next day

the ulcerated throat returned, and a month of *Rhus*<sup>30</sup> and <sup>200</sup> did the rest.

### Suppressed Malaria—*Natrum mur.*

Saw little girl, three years before, suffered from the recurring effect of suppressed malaria with the usual heroic doses of quinine. Antidoting quinine and giving *Natrum mur*<sup>200x</sup> for 11 a. m. chill—cured in a short time.

### Hay Fever Palliated.

A lady having hay fever at times of the fall ripe corn fields in Illinois. I made a preparation of corn leave husks and dried top, potentizing up to 60x dilution with immediate relief and comfort of all distressing symptoms. Any one wanting a graft of same let me know.

### Cratægus Indications.

"Personal experience with the new heart remedy *Cratægus oxyacantha*, has compelled me to pronounce myself as an advocate in its favor as a most reliable cardiac tonic," says Dr. Kopp, of Greenwich, N. S. W., Australia. (*Homœopathic World*). "I can not speak too highly of it in cases of cardiac weakness." "It increases the appetite," "improving both assimilation and nutrition." "Was a marked influence in removing the irritability often present in heart cases" and "raises the spirits." He cites a case of cardiac weakness consequent senile decay; a man seventy-five years of age, while stirring some porridge over a fire, suddenly felt a queer feeling come over him, accompanied with great oppression in the cardiac region and vertigo, and fell

to the floor insensible. Gave ten drops of *cratægus* and instructions for the same dose to be repeated three times a day. Drug was continued for over a month. After six months had no return of the attack of heart failure. He thinks the dilutions are not as efficient. This was the dose used by old Dr. Green in Ireland, that helped so many with weak failing hearts. That high attenuations can do good service we have only to recur to the case reported by Dr. Bass of Austin, Texas, in a previous issue of the *ADVOCATE*.

Dr. Kopp also found this drug of value in sudden collapse in typhoid fever: "Cold extremities, great pallor, irregular breathing, and the pulse 120 and very weak and irregular." *Cratægus* gave prompt and decided relief.

T. C. D.

#### Cardioptosis.

When the body is thin and torpid we may find the heart below its normal point.

In distension of the colon from gases as in the fleshy, we may expect to find the apex beat above the normal point. But that will not be for long on account of the fat interfering with the circulation and the heart then takes on hypertrophy which drags it below and to the left of the normal location.

"Rummo says that the heart may undergo ptosis from several causes. First, increase of size and weight. Yet there are cases of hypertrophy without cardioptosis. Second, from variations in the endothoracic and endoabdominal pressure. If a right pleurisy increases the thoracic pressure on the right side, the heart will be displaced to the left. If atelactasis of the right lung diminishes pressure, the heart will go to the right. Third, impaired tonicity. The only treatment consists in the application of some apparatus or bandage to

support the diaphragm and in the administration of arterial tonic, such as *Ergot*, *Hydrastis*, *Canadensis* or *Nuxvomica*." (*La Riforma Medical*).

The erect posture and deep breathing will help in many cases in addition to the indicated remedy. T. C. D.

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#### EDITOR'S TABLE.

Hanford, Cal., secures her first homeopathic physician in the person of Dr. E. H. Smith, who hails from the effete East.

In Great Britain and Ireland there are 160,000 people with fortunes amounting to \$125,000, 700 of whom are millionaires.

Dr. G. S. Mahaffey, who has been serving Uncle Sam for some time, has recently opened offices in Corning, California.

The tallest living man is Lewis Wilkins, born on a farm near St. Paul, Minn., in 1874. He is three-quarters of an inch less than nine feet high and weighs 364 pounds.

Among the civilized people of the world English is the language of 30 per cent, German 19 per cent, Russian 19 per cent, French 12 per cent, Spanish 10 per cent.

Drs. William A. Glasgow of Kenware, N. D.; Andrew Estock, Chicago, and Raymond del Mas, Centerville, Ninn., all Dunham, 1901, graduates, were admitted to practice in California July 31, that being the last day of the existence of the Board of Examiners of the California State Homoeopathic Medical Society. Among others admitted by the same society at the meeting were Drs. Harriet K. Burnet and Mark Edgerton, the latter a resident of Kansas City. Hereafter, to obtain a license to practice medicine in California, an examination will have to be passed.

Dr. R. Billings of Ord, Neb., will soon locate at Longmont, Colo.

Dr. Edward R. Snader of Philadelphia has removed to 1919 Arch street.

A London, England, newspaper makes the assertion that if no American meat is imported into that city for two days, the price of all kinds of meat is raised.

In Germany, when the work of the jury stands six for conviction and six for acquittal, the prisoner goes free. A vote of seven against five leaves the decision to the court; where the vote is eight against four the prisoner is convicted.

Dust is one of the pests of the house. It is useless to fight it with dusters, as they only stir it up and give it a new place to settle. The best way to get rid of it is to wipe it up with a damp cloth. Dust may be the means of causing and spreading diseases.

The following appears strange to an American, but it is an exact copy of an advertisement running in a London, England, medical journal: "Old False Teeth Bought.—Full value in cash offered per return post.—R. D. & J. B. Fraser, Ltd., Prince St., Ipswich, the largest and oldest buyers in the world."

A pleasant letter from Dr. Whitman of Beaufort, S. C., gives an account of the successful operation of the first homoeopathic hospital known to the writer in the State of Maine. It is located in Biddeford on the opposite side of the river to Sago, the great cotton manufacturing town. The hospital was built by Dr. Frank J. Trull and has enjoyed a successful reception from its very start. The doctor states that homoeopathy seems to be growing in power throughout the state and an effort will be made in the near future to secure an insane hospital for the further demonstration of the rational treatment of these poor unfortunates.

May 5, 1902, the law preventing the immigration to America of Chinese coolies expires by limitation. What steps, if any, will be taken to eliminate the yellow danger?

Italy furnishes the greater part of the female models for Paris artists. The average weekly wages paid is \$7.20, and receipt of this pittance is too often dependent upon degrading conditions.

Mothers, don't allow the baby to suck its thumb. The peculiar way in which the thumb or fingers rest on the teeth during the act causes the lower teeth to be forced inward and the upper teeth outward. Unless checked before the permanent teeth appear a deformed mouth and impaired speech and power of mastication result.

The *London Lancet* makes the assertion that the bad effects from smoking are not due to nicotine, but to pyricin. Consumption of nicotine by combustion is the most nearly complete in the cigarette, next the pipe, and the least complete in the cigar. Inhalation, according to the *Lancet*, is the main cause of the injurious effects of the paper pipe.

In nearly all the provinces of Russia the saloon has been supplanted by the government shops, in which a guaranteed pure article is sold in a limited quantity to each customer. None is sold to those already intoxicated. These shops are located quite a distance apart and no one is allowed to drink liquor on the premises where sold. The system is supplemented by officially appointed local committees in each large town, which are supplied with funds to establish attractive temperance restaurants, reading rooms, and people's palaces. They are expected to maintain a general crusade against the use of alcohol. A portion of the enormous profits of the liquor monopoly is devoted to this purpose.

## Book Reviews.

**A Text-Book of Physiological Chemistry** by Chas. E. Simons, M. D., of Baltimore, Md. Published by Lea Brothers & Co., Philadelphia. 452 pages. Cloth \$3.25 net.

The author has had extensive experiences in chemical laboratories and this very comprehensive work gives abundant evidence of his thoroughness. He does not write as a teacher but as a practical worker. The reader has a competent guide in the book for the solution of almost any physiological problem.

The book has been so divided that the student is made familiar with the *origin and chemical nature* and products of decomposition of the three great food groups—albuminus, carbo-hydrates and fats. He then devotes nearly 200 pages to the processes of digestion, absorption and elimination. The balance of the book deals with the chemical side of the cell, its combinations in the various tissues and organs, with the physiological function performed.

An admirable index completes the book which is destined to find favor with the conscientious student.

**Manuel of Chemistry** by W. Simon, Ph. D., M. D., Prof. of Chemistry in College of Physicians and Surgeons of Baltimore. Published by Lea Brothers & Co., Philadelphia. 613 pages.

It is a strange coincidence that we have for review a work on chemistry by the teacher who evidently directed the work of the author of *Physiological Chemistry* reviewed in this issue.

This is the *seventh* edition and shows many improvements in its revision over the last edition. Eight plates faithfully illustrate in color various reactions and compounds.

For all practical purposes, the student has seven books in one, because ample consideration is given to chemical phy-

sics; principles of chemistry; chemistry proper; analytic chemistry sufficient for all practical purposes and last but not least we have about 100 pages devoted to physiological chemistry. This is a happy combination and the seventh edition bears the best of testimony to its practical value.

**Dr. Kent's Lectures on Homœopathic Philosophy** neatly bound and printed in clear, plain type lies before us. The volume comprised of thirty-seven lectures, contains two hundred and ninety pages. Such is its conciseness and comprehensiveness that an exhaustive review would necessitate a larger volume than the Philosophy itself.

Nothing since the *Organon* compares with it, while whereas to the average reader the *Organon* is often difficult of comprehension, his is as plain as an English scholar, a Master of expression can make it.

The caption of the first lecture is—**The Sick**. In this the author compares and contrasts the methods or lack of methods of the old school with a real method, a method in which law governs and order reigns.

He places the teaching and practice of the two schools side by side, and shows dispassionately the shifting methods and theories of the one and the fixed and stable character of the other. No Old School physician laying aside partiality and prejudices can carefully read this first chapter without getting glimpses of a great flood of light hitherto unknown and unsuspected.

The old school declares that the practice of medicine depends entirely upon experience obtained by the treatment of disease. Homœopathy affirms that the administration of remedies and the cure of the sick is governed by an unchang-

ing law. Allopathy desires the existence of principles, deals only with ultimates, observe only the results of disease, and characterizes these results as the disease. They accept nothing which cannot be felt with the fingers, seen with the eyes, or otherwise observed by the senses, aided by whatever instruments may be devised for their assistance. They see results which they name disease. They observe effects which they suppose causes. Homœopathy knows that disease is beyond the ken of man, beyond the reach of microscope, or stethoscope, that it has its origin not in the body, the house in which man dwells, but in the man, the "single substance," the vital energy, the that without which the body would not, could not be built. He, that without which the body could not for one moment exist, and the without existence of which the body could not for one moment exist, and the existence of which would be useless, being tenantless.

The second lecture treats of the cure—the real cure of disease. It shows that diseases must be cured from the interior of the body, that medicine must work from the center to the circumference. That the suppression of an eruption means a transference of it to some mucous tissues or some internal organ, that a rheumatism driven by lotions and linaments from a knee joint may find a lodgment in the heart, that what was but an articular inflammation, painful but not dangerous, becomes by metastasis a menace to life. Before there can be an exterior manifestation, there must be an internal cause. If the disturbance arises in the interior it must there be quelled. "The first of man is his voluntary, the second of man his understanding. The last of man is his outermost," "from center to circumference is from above downwards, and from within outwards, from more important to less important from head to feet."

**Perception of what is curable in disease. Curative in medicine and the application of last to first** is the subject of the third lecture. Section third of the Organon is the text, the burden of

which is the individualization of disease. the careful examination of each individual case, the gathering of all symptoms objective and subjective upon which totality of symptoms, so obtained, a prescription must be based. This prescription when so made must result in cure, in all curable cases.

The latter part of section third in which law and central government are contrasted with experience is the theme of third lecture. It is shown beyond cavil or contradiction that while experience has a place in science, it is but a confirmatory place. "Experience leads to no discoveries." It can only confirm that which has been discovered through principle or law." Discoveries by experience are only imaginary discoveries. Experience is an unreliable guide. Experience is a stranger in a strange land. Experience is a creature of some good impulses but with no guiding principle. Seldom right, often wrong, and always unreliable and uncertain.

Law is fixed, changeless, definite, certain, unvarying. What we call natural law is supernatural law, because all law originates with God. Man may discover, but cannot make a law. He may pass an enactment, but it is only a substitute for law, and is continually violated:—violated with impunity, often without discovery, consequently with infliction of no penalty. He can no more make a law than he can make a world. Once he has discovered a law he can conform to it and confirm it by experience. This is the province of experience, and all that experience can do. The various and numerous fads for healing, faith cures etc., are the results of *experience* unguided. The medicine of experience is but a Kaleidoscopic arrangement of figures which change with every revolution of the cylinder.

But an exhaustive review cannot be given. It would require a larger volume than the work itself. Besides it would be difficult to make it clearer or plainer. It speaks for itself. No Homœopathic library can be without it, and no physician can afford to forego the pleasure and benefit to be derived from it. It is now ready for distribution at the very reasonable price of two dollars.

# The Hahnemannian Advocate

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## Materia Medica.

### CAPSICUM.

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We take up the study of Capsicum—pepper. This is a most interesting remedy. It is especially suited to persons who are flabby, relaxed—to use a common expression, soft in muscles. A lack of reaction. When medicines will not take hold well; when medicines have to be changed often to keep the patient in a state of relief; when medicines do not act their full time.

Flabby, fat, spongy people.

Especially indicated when the skin looks dirty and will not wash clean. In persons who are not particularly averse to uncleanness. Those who are not disturbed by being filthy, or by filthy things. Like *Sulphur*, *Psorinum* and *Apis*.

Especially indicated when the congested organs remain distended and turgid. There is a lack of tonicity in the blood vessels, so that an organ that has been inflamed remains bloated and turgid and enlarged. This is true throughout the whole body. It will be observed upon the skin, because the skin will look red when it is not hot. The face will look red, not because of heat or a natural flush, but because of relaxation of the blood vessels. The capillaries are full. Many of these cases are

excitable and nervous; yet fat, flabby and relaxed. A phlegmatic condition of the tissues of the body. In the text is the expression: "Lazy, fat," "unclean persons, who dread open air." "Children who are always chilly; clumsy." There is something here that needs explanation: "*hemorrhoidal constitution*." In olden times the hemorrhoidal state was an enlargement of the veins anywhere in the body; but at present we understand hemorrhoidal to mean only enlarged veins of the anus and rectum. Where the old expression is used it is a *general*. "Hemorrhoids everywhere." Lack of reaction, but especially with fat, flabby, lazy, awkward people. "Desire to lie still." "Indolent." General stupor and weakness. Now you get a good description of the Capsicum patient if you take an old drunkard, who has been drunk, and drunk, and drunk for years, until all of his veins are relaxed. We find a good Capsicum proving in some of these old drunkards, because after they drink awhile very commonly they will eat pepper. The face becomes red and bloated and he looks besotted. The mental state is one of confusion. Unless he has one or two drinks to build him up

he is flabby—the old drunkard who falls into that flabby, tired, shrunken state, with relaxation and general weakness. “Oh, he must brace up.” The Capsicum patient is one that you would think needed to brace up on something. Weakly, sickly, flabby, yet fat. Face perhaps red, but not the heat of the flushed face. Often it is cold, alternating with heat. Often it is sweating when it is red. So, it is relaxed. A lack of reactive force, especially with people who appear to be plethoric. That is a general characteristic feature of such as need Capsicum. This is especially the case in old chronic troubles, they often need qualifying with a dose of Capsicum when this condition is present before we are able to get a good action of remedies for more specific things. The following needs correcting. It reads in the text: “*thirst during fever,*” when it should read “*thirst during chill only.*” “Thirst during the chill only, for large quantities of water.” “Desire for copious drinks of water during the chill.” It always increases the chill, and if he attempt to drink a little after the feverish condition comes on—which is rare—the chill returns. *No thirst during the fever* is the striking feature of Capsicum. Thirst only during the chill. That is a strange feature. Desire for cold water only when he is in a shaking chill. When people usually get very thirsty it is during heat, when hot with the fever. Not so with Capsicum. Usually in complaints he is not thirsty except when he is cold.

His appetite is enormous. Desire for food when ordinarily he would not be hungry. With *this* remedy, he has an aversion to food. Again, a desire that is singular, *as soon as he has a stool he has a desire to drink.* “*Craves coffee, but it makes him sick.*” Dipsomania. It is one of the most useful of remedies

in potentized form for those old broken down cases of dipsomania. *Constantly craving liquor.* He cannot let it alone. He wants something to stimulate him. He is fat, flabby, red faced, puffing and panting; his heart is active, and he is *sweating on the slightest occasion.* He wants something to brace him up. He must have another drink. Capsicum is one of the medicines that will help to tone up an old drunkard when he is trying by all his powers to resist the desire. You can do nothing for these old dipsomaniacs unless they will lend a hand; unless they desire with all their hearts to quit. Many of them, no matter how bad off they are, seem to have lost all ability to even desire to be a man, or quit that which they know is destroying them step by step. There seems to be nothing left, then, to build upon. Now, remember, the Capsicum patient is so *sensitive to the open air* that if any air blows upon a bare spot while undressing or uncovering it chills him. He shakes under it. *If he takes a cool drink he shivers.* He is sensitive even to fresh air. In warm weather he is sensitive to fresh air. Now, the Capsicum patient has lost his balance from the general broken down condition. His balance-wheel is gone. He has no longer an ability to exercise his will or to rise above tribulations, or to be philosophical.

It is an old routine remedy, and very commonly a good remedy for girls when they go away from home. Homesick. Cry all the time when they go off to boarding school. Cry all the time until they can go home and see mama. Cannot study. Do not want anything at all. Would be willing to die. Go right into hysterics. Especially when relaxed, flabby, fat people—full blooded, but no balance, no will, no ability to rise up and grasp the situation. No spunk at all. Must go right home. The face is



red, they look healthy, they get no sympathy. Everybody makes fun of that girl, because she wants to go home and see mama. She is a baby. Plethoric, sweats easily, lies awake all night, full of excitement and anxiety. Obstinate in the extreme. Can't get up, can't yield, can't philosophize. Wants her own way. Will squall and have a great time. No matter whether the face is washed or not, or whether the clothes are clean. A queer sort of individual this Capsicum patient is becoming, we see. "Awakens full of fright, screams, and remains full of fear." *Even the fever or chill will come on from any great shock or emotion.* A lack of will power to throw off impressions or effects of excitement. A nervous, fidgety, good-natured creature. Not worth much until a dose of Capsicum is administered. I have known these girls, a few days after Capsicum was administered, say, "I do not know what is the matter with me, doctor; you must have been ashamed of me; I am ashamed of myself." You will be astonished to see one of these, perhaps at first what might seem to be a pretty good looking girl until you see what a weakling she is, come into the clinic the next day with a clean apron on. Such conditions come under *Sulphur, Psorinum, Apis* and Capsicum. A man, after he gets a dose of Capsicum, will go home and put on a clean shirt, when perhaps he had not changed his shirt for weeks.

Capsicum is full of *headaches*. You can readily see that the blood rushes into the parts, rushes into the skin and makes the skin look red, full and puffed. There is lack of tension, lack of tone in the blood vessels. Now, that same process in the head will enable you to remember that Capsicum has *bursting headaches*. *Fullness in the head*. Such things as would naturally come from an increased vascular weakness. And then

we get this symptom: "*Headache, as if the skull would split, when moving the head, walking or coughing.*" A *bursting headache*, or feeling as if the brain was too full, or head too large." "Bursting pain, and throbbing pain in the head. Headache *as if the skull was bruised*, on moving the head and on moving. *Throbbing headache* in forehead and temples. *Pressing headache* in forehead and temples. Now, after hearing its general state, how it fills all the soft tissues with blood, are you surprised that it produces such feelings in the head? Head seems too large; head seems swollen.

Well, there are disturbances of hearing; disturbances of smell; disturbances of the face, teeth and tongue. The taste is sour, flat.

Another feature that runs all through this remedy, in the tissues and the organs, there is one word that will help to remember it. You know that pepper *burns*, don't you? Well, it might be strange that the proving of it caused burning, but it is so. Everywhere *burning*. In the stomach *burning*; in the mouth, *burning*; in the throat, *burning*; in the nose, *burning*; in the mucous membranes, *burning*; in the skin, *burning*; burning everywhere. It has been said by provers when they did not know that they had been taking pepper, that they burned as if they had pepper on their parts. Evidently those provers had been "pretty well peppered." Soreness in the throat, with burning. "*Tonsillitis, with burning, smarting pain.*" So it is if we go through this remedy we will find that sensation of burning, especially where there are congestions and inflammations. There is a slow, passive congestion in the parts. Now, in the throat it is a semi-chronic state, or a tendency to take cold in the throat. It is a weak state of the mucous membranes, rather than that which is like

*Belladonna* and *Aconite*, which comes on with such *suddenness and violence*. And it is so hot. Tough copious formation of mucous. Thick mucous in the throat, in the larynx, and in the posterior nares. The mouth is filled up with it, and it burns. "*Great soreness in the throat, with smarting. Spasmodic contraction of the throat. Burning and other pains in the throat.*" These burning pains are constant. Sometimes they are ameliorated by swallowing, but they are between the acts of swallowing most marked. "*Throat inflamed, dark red, burning, pressing.*" Now, that symptom tells you again how passive it is. It is dark red. It is slow. It is a passive state. It is a relaxed condition of the veins; enlarged veins of the throat. Here it tells it. "*Relaxed sore throat, with cough.*" "Subacute inflammation of the throat, with dryness and smarting." "Relaxed uvule of smokers and drinkers." You see at once it points to that sluggish state, that relaxed, that torpid condition. Sluggish, bluish, purplish appearance of the mucous membranes, in old sinners.

The stomach is always disordered; there is always belching. "*Heartburn; waterbrash. Vomiting of phlegm.*" Vomiting in connection with intermittent fever. "*Accumulation of mucous and acids in the stomach. Burning in the stomach. Stomach icy cold, or burning in it.*" Capsicum produces such a peculiar sensation in the stomach that it is difficult to tell whether it is a piece of ice in it or a coal of fire. If you put ice on the skin it is difficult to say whether it is cold or hot. "*Dyspepsia from torpidity, especially in old people.*" Inability to digest anything. Everything turns sour. Sensitiveness in the fresh air; and we begin to get again that broken down, that relaxed patient, that enfeeblement in a person who does not look sick. "Abdomen distended to

bursting. Sore pains in the abdomen."

Capsicum is a wonderfully useful remedy in dysentery. *The rectum and anus have varicose veins*; hemorrhoids. Parts always *relaxed*, inclined to *bleed*, are *raw* and *burn*. Peppery feeling in the rectum. Every little cold will rouse up a little dysentery, of mucous and slime and blood. With it comes most *violent tenesmus*; and associated with it very often is *tenesmus of the bladder*, so he will sit and both take place at the same time. *Urging to urinate even when the bladder is empty, and urging to stool when the rectum is empty.* Constant urging. The will power is very weak in one who needs this remedy. and it is difficult to put his mind upon it and to get up and go off, and fight it out; hence, will sit and strain to urinate, and strain to stool, even when there is none there. And it reads: "Tenesmus of the rectum and bladder at the same time. *Hemorrhoids: burning as if pepper was sprinkled on them; swollen, itching, throbbing.*" This same marked relaxation of the veins; the general hemorrhoidal constitution. Now, if you stop bleeding in any part that is in the habit of bleeding this patient gets a great shock. *Every little thing causes a great shock.* There are vigorous people who do not suffer so much from stopping or suppressing an old hemorrhage from the rectum, but this one suffers much. *Mental* symptoms come on if the hemorrhoidal bleeding is stopped. Again, great burning in the bladder. Says in the text: "*Spasms of the bladder.*" Burning and smarting of the ureters. "*Frequent micturition, scalding, smarting, sticking pain in urethra, tenesmus and even chordee.* Burning, smarting after urination." A noble remedy is this, when in these relaxed, broken down constitutions where gonorrhea has been the cause. *A discharge that lasts and lasts*; and especially those old cases that have been in

the hands of the allopath. He is too weak, he is too much relaxed. He is tired everywhere. "*Discharge from urethra; purulent; bloody; urethra painful to touch; creamlike.*" "Gonorrhea in the second stage; white discharge, like cream; excessive sensibility of parts to contact; *chordee, which can only be appeased or subdued in cold water.*" That is in keeping with the whole Capsicum patient. *Sensitive to touch*; to impressions. Inflamed parts suffer from contact. Congested parts are very sore. The urethra is turgid, vascular, inflamed; erections very painful, and he has chordee. "*Protracted gleet. Coldness and relaxation of the scrotum.*" The genitals hang down, relaxed and cold. Pain in the prostate gland. Coldness of the scrotum in the morning on walking." Now, you see how this is. The venous stasis, the vascular relaxation. The whole individual is thus affected in manner to favor chronic disease, to favor congestion, to favor a prolonged congestion. And now he must have a remedy that will tone him up, that will operate on him from center to circumference.

Full of cough. This same old catarrhal state. Now if it happens to go into the chest you can readily see just what a condition he will have. But in the chest we cannot figure it out as we can in external parts, but we have the idea from what we can see. It is a *nervous, spasmodic cough. Convulsive cough.* "*Cough in violent paroxysms, convulses the whole body.*" Chokes; he gags, vomits and chokes. His food comes up with every cough. "Coughing and sneezing causes a sudden pain in one or other of the limbs. Stitches in suffering parts with cough. *Cough after warm drinks.*" Evening and night. *Coughs when lying down; coughs in the wind.* It is a dry cough in cold weather. Any little draft, any little change of atmosphere; or

change of emotions, or excitement will bring on this cough. *Heart is weak, irregular and tremulous*; he is always talking about a fluttering in the heart, if he does not go off and take a drink. Fears his heart will stop beating if he does have something. At times the pulse feels full and large in volume, and yet at the least exertion it goes into a flutter, intermits and becomes irregular. He is feeble; lack of reaction.

One of its most marked and useful places is in the treatment of intermittent fever. But now, look at the patient first; and this kind of a patient I have been talking about, when he goes into a fever, or anything else, needs Capsicum. When he gets intermittent fever, is *chilly*, always commences in the *back between the shoulders*, and his *face is red during the chill*, and he has *thirst during the chill* and no other time. If that chill is in the evening all the better, if it comes on daily all the better—all the more Capsicum. But he is relaxed; painfully relaxed. Weak; flabby; red face; sweats easily and copiously. Shooting, tearing pains in the limbs. "Coldness beginning in the back. *Sensation as if cold water was dropping down the back.*" Fever heat with much burning in the head; that is, much congestion to the head. Sometimes the chill comes first, and sometimes the fever first, and then will come the chill in a most surprising manner. The fever lasts all night, after an evening chill. Coldness over the whole body. *Shivering and chilliness after every drink*; that is, he *drinks during the chill* but it greatly intensifies the chilliness, and he wants more covers over him after he takes a drink. But he is so *thirsty during the chill that he cannot let cold water alone.* *Chilliness external; internal burning.* Intense heat; that is, heat by the thermometer, but his body is cold. Sweats awfully. Thirst before and during the

chill. Capsicum cures ague of that sort; thirst during the chill, face red, and when undressing at night he will have a chill. Must keep covered up; keep away from the air; so sensitive.

This medicine has been a medicine that has cured—and it will cure—*errat-*

*ic, hectic fever*, when you have an “incurable” case of phthisis. The patient is going down, down, down; every emotion at any time of day will bring on a fever and a sweat. Profuse sweat. Burning in the skin. Skin bloated and flabby.

## OUR FIRST DAY OUT ON THE OCEAN.

F. E. GLADWIN, M. D., H. M., PHILADELPHIA, PA.

At 11 a. m., March 19, 1901, the Hohenzollern moved slowly out from her pier in Brooklyn, moved out into the fog and the drizzling rain. We stood leading on the rail tossing farewells and flowers toward our friends on the pier. Little we knew that before night we should all feel the necessity of tossing something else over the rail. We stood looking backward until our friends and the pier grew dim in the distance, then the call to dinner came and we all went to the dining-room.

Looking down the room we discovered that quite a number of our old friends were aboard. Stupid Mr. Cocculus was there. He is a vacillating fellow, nothing pleases him; he never finishes anything and he talks and talks until he tires you out listening, but that's to hide his timidity. He's so afraid of death, its a wonder he ever ventured on ship board. If the ship should spring a leak he'd just sit down in despair and sob and moan and groan and never try to save anyone.

Mr. Nux vomica sat next to Mr. Cocculus. They were way down at the other end of the dining room, just as far away as possible from the door that leads toward the kitchen. Mr. Nux vomica is so sensitive that he can't endure the smell of food. He is a very particular, careful man; he does get extremely angry at trifles, but when he isn't irritable or oversensitive or de-

pressed he is quite a nice sort of fellow to have around.

Mr. Petroleum sat over opposite. He too is touchy; he is so easily offended and so violent in his irritability that we were all careful how we approached him. He was always worrying about his family, wished he hadn't left them and in our minds we all heartily echoed his wish.

At the left of the captain sat Mr. Tabacum. When he didn't have his fits of depression that came with his indigestion he was cheerful, merry, talkative, always talking nonsense; he couldn't concentrate his mind long enough on one subject to talk sense.

Mrs. Carbohc acid sat next to Mr. Cocculus. She is a quiet gentle woman, quite absent minded, so she didn't mind him at all.

Mr. Glonoinum is a bright man, a good talker. His flow of ideas was such that he entertained the whole party, with no apparent exertion. There were times when he didn't feel like talking, then you could hardly get a word out of him.

Mr. Kali bichromicum sat next Mrs. Carbohc acid. He was so lazy, indifferent and ill-humored that the other passengers thought he might better have remained at home. Probably it was the close air and the smell of food aggravated him—poor fellow—but the others didn't know of that and its very easy to misjudge a man.

Miss Kreosotum was next to Mr. Tabacum. She is an emotional woman, tears are never far from her eyes. She complained of being world weary, even Mr. Tabacum's nonsense couldn't make her smile and when the band began to play her tears overflowed, though I didn't believe she herself knew why she cried about music.

Miss Colchicum sat on the other side of Mr. Nux vomica. She is a trained nurse and had just been caring night and day, for an exceedingly difficult case. She was completely worn out—poor thing—and in much need of rest; that was why she was taking the voyage. Like Mr. Nux vomica the smell of food disturbed her; she couldn't even bear the sight of food.

Mrs. Lactic acid is a fault finding, sarcastic woman, very exacting of others but lazy herself. She was next to Mr. Petroleum and kept him constantly irritated.

Miss Sepia, on the other side of Mr. Cocculus, had the blues. She was full of evil forebodings, was sure something terrible would happen before the ship reached Genoa and Mr. Cocculus, being timid himself and stupid, didn't know how to reassure her.

Miss Theridion sat at the right of the captain, next to Mr. Glonoinum. She is a merry, talkative woman and was ready to meet Mr. Glonoinum in a mental sparring match at any time. Time passes all too quickly with her.

The dinner was excellent but I haven't time to report the whole menu.

The sight of food gave Mr. Cocculus an aversion for it, even when he was hungry, and at this, the first dinner at sea, he ate nothing but bread and drank nothing but water. He wouldn't even drink beer which he often desires.

Miss Colchicum discovered on looking over the menu that she was quite hungry for a number of things, but as

they were brought to the table the smell of them, even before she caught sight of them, caused her to shudder and become nauseated.

Mr. Nux vomica came to the table hungry but with an aversion to food. The only things he really wanted were the fat meats and butter and he ate all he wanted of these, even though he knew fat food disagreed with him. He finished his dinner with beer and brandy, for which he had a great longing.

There were dainties enough at that dinner to suit even Mr. Petroleum and he just satiated himself with them, longing all the while for beer to wash them down. It was no wonder that he was seasick later on.

Mr. Kali bichromicum had quite lost his appetite but had a great desire for beer.

Miss Kreosotum was real hungry. She wanted good meat, smoked meats if she could get them, and she could get them at that table. She wanted her food warm, because she always felt bad after cold food. She desired spirituous drinks, they warm up the stomach you know.

The way Mrs. Lactic acid attacked the food and drink showed what a voracious appetite and thirst she had.

Miss Theridion was hungry but didn't know what she wanted to eat. She finally decided that it was oranges and bananas, that she craved. She too had a desire for wine and brandy and had she been a man she would have taken a cigar.

Some passengers on a previous voyage had nicknamed our ship, "Billie the Roller" and we soon found to our sorrow that she was ready to live up to her reputation.

Miss Colchicum had become so nauseated from the smell of food that when the vessel began to roll she felt that she could endure it no longer and hastened

to her stateroom to avoid disastrous results in the dining room. Now it so happened neither Mr. Tabacum nor Mr. Glonoinum could endure the alcoholics, even the fumes made Mr. Tabacum intoxicated and a drink of wine made Mr. Glonoinum worse in every way, so when Miss Colchicum left the table they went to her assistance, glad of an excuse to leave also. Miss Colchicum felt much better when she got away from the smell of food and was where she could lie down double up and keep perfectly still.

Mr. Nux vomica became as pale as death with nausea, but he knew he could keep his food down so remained some time after Miss Colchicum had departed but in a short time, he too had to leave.

Miss Carbolic acid had eaten only a little when she felt she must go and vomit. She avoided her stateroom as long as possible, because a room felt close and hot to her.

The sight of food had nauseated Mr. Kali bichromicum, so he went to his room and vomited all he had eaten. When he was through he went up on deck and as soon as he came into the open air he felt better.

Mr. Cocculus got along all right until he went on deck and saw the pitching of the ship, then his stomach began to heave up and down and he lost all of his dinner. He hastened to his stateroom, braced himself in his berth and shut his eyes so that he couldn't move nor see anything else move, and so felt better. He would have been quite comfortable if he hadn't been afraid that the ship would go down and be the cause of his death.

By the time that Mr. Tabacum had assisted Miss Colchicum to her stateroom he discovered that moving about was too much for him; he became very sick at the stomach, was dizzy and faint and a cold sweat started out upon him. He managed to stagger to the deck,

though every motion made him worse; but he knew that if he could only get on deck where he could keep still he would feel better. By this time Mr. Kali bichromicum and Miss Carbolic acid had been on deck long enough to feel quite themselves again and when they saw Mr. Tabacum coming they were frightened, he looked so pale and pinched, and that, with the cold sweat on his hands and face and the coldness of his skin, for there was great coldness of the surface, made them think that he was already in collapse. They hastened to help him to a sheltered place where he needn't move, and soon his nonsensical talk was in full flow again.

Mrs. Lactic acid also was aggravated by motion, so she sat by Mr. Tabacum awhile; but she was sensitive to cold air and soon began to find fault with the weather and went below.

When Mr. Glonoinum came down the deck hunting for Mr. Tabacum, he discovered Mr. Nux vomica leaning over the railing. "Hello, old man, making your contribution to the Atlantic!" said he, slapping Mr. Nux vomica upon the back. Now it so happened that Mr. Nux vomica was having a difficult time in disposing of his dinner and when he heard that trite quotation he was so mad he could have knocked Mr. Glonoinum down. As it was, Mr. Glonoinum dodged just in time to escape a book that Mr. Nux Vomica hurled at him. But now Mr. Glonoinum had been moving about so much that he began to feel a faint, warm sickening sensation in the chest and stomach he heeded the warning and went over and sat beside Mr. Tabacum.

Looking for the rest of our friends I found Miss Sepia with a sick headache lying down in her state room. She was better lying. I left her there knowing she would be sad and gloomy if I took her into the open air.

Miss Kreosotum I found walking the deck. She had vomited everything that she had eaten that day, even her breakfast had come up, and she was so restless she couldn't keep still.

Poor Miss Theridion I found with a sick headache. She could not move nor talk, nor shut her eyes, because each made her so sick. I gave her a drink of warm water which made the nausea and retching better.

Mr. Petroleum had been troubled with nausea and colic and drowsiness since dinner and I found him in bed warmly covered. He had fallen into a

restless sleep. As I stood and looked at him, remembering the kind and quantity of dinner he had eaten, I didn't wonder at his restlessness.

I went back upon deck and joined the group by Mr. Tabacum just as Mr. Nux vomica came up. He had finished his trying ordeal by the rail and was feeling better. Mr. Glonoinum, remarking that he had no further use for Mr. Nux vomica's book, handed it to him and Mr. Nux vomica receiving it replied "neither have I."

Thus passed our first day out from America.

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## QUEBRACHO—A NEW REMEDY FOR CARDIAC DYSPNŒA.

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Cardiac dyspnœa is a most disturbing symptom and usually comes on before the heart finally fails. Our list of remedies for this alarming symptom is never too large and a new addition is welcome.

In the *Homœopathic News* I find this stray bit of clinical evidence as to the value of Quebracho in cardiac dyspnœa that seems to widen our knowledge of this new drug.

"My wife has been a sufferer from valvular disease of the heart for some ten years. She has been suffering with dyspnœa, almost day and night, for the last three years. She had become so prostrated that she had not left her room for more than six months, and had existed with the minimum amount of sleep during that time. Some four weeks ago I concluded to try *Quebracho*, and secured a half pound of the tincture. Since commencing its use I have been administering it in doses of a half teaspoonful three times a day, and the result has been almost entire relief of the dyspnœa, and my wife is now able to sit up all day, has gained in flesh every day, and reports herself as feeling like a new being. I need not say that in this case all the old remedies had been tried in vain."

Who the author is of this contribution we do not know, but could I reach him

I would like to ask a few questions:

First—Which valves were diseased and in what manner?

Second—Was there any bronchitis or or asthma present?

Third—What was the cause of the valvular disease?

Fourth—What was the age of that heroic wife?

Of course we can infer that it was of rheumatic origin and that it was the mitral valve that had been contracted by inflammation so that its wings did not close. The murmur would be heard at the apex region and with the first sound. As in women the right ventricle is still large, we may also infer that the triple valve there is also incompetent, it does not close when the ventricle contracts and the murmur would be heard under the sternum. If that was the pathology of the case, hypertrophy and dilation of both ventricles would give great weakness of heart and body. The dyspnœa might be due to the weight of the heart on the diaphragm or the lack of proper circulation through the lungs—produc-

ing anæmia at the medulla and venous stasis from the cardiac weakness. There are other causes of dyspnœa but we are led to infer that in this case it was cardiac.

Fifth—We would also like to know the condition of the kidneys, the subsequent history of the case? How did the heart fail finally as it no doubt did long ere this?

It will be noted that the relief is only partial. So we must not build too much on this remedy. It is said that this drug is of "no benefit in dyspnœa of of cardiac origin."

*Quebracho* we are told means "ax breaker" and is applied to ironwood that comes from South America. The technical name is *Aspidosperma Quebracho blanco* (natural order Apocynaceæ. To this same order belongs *Apocynum cannabinum* and *A. androsæmifolium*, *Oleander* and *Strophanthus* all having marked heart symptoms). "It contains several alkaloids and is said to be efficacious in the cure of dyspnœa."

These alkaloids are (1) Aspidospermine  $C^{22}H^{30}N^2O^2$  (2). Quebrachamine. (3). Aspidospermatine. (4). Aspidosamine,  $C^{22}H^{28}N^2O^2$  (5) Hydroquebrachine,  $C^{21}H^{28}N^2O^2$  all alkaloids. (6). Quebrachit, a peculiar sugar. (7) Tannic acid. The alkaloids forms salts with citric, hydrochloric and sulphuric acids.

#### How it Acts.

White (Materia Medica and Therapeutics) says: "None of the alkaloids fully represent the drug." It is therefore better to use the tincture of the bark. He says that "in the lower animals large doses of the bark produce motor paralysis, with dyspnœa and finally death from asphyxia. The breathing early becomes slower but deeper; the blood pressure is not affected until late. Penyoldt believes that the relief of dysp-

nœa, which is obtained clinically, is caused by its increasing the power of the blood to take up oxygen." The slow deep breathing produced would ensure better oxygenation. It slows the circulation at first like *Strophanthus*.

That is the primary action while the secondary effect is to increase cardiac action and arterial tension, or blood pressure. Two physicians and a young lawyer took three drops of the tincture of *Quebracho* (L). Pulse was slowed ten beats to the minute in the first five minutes. There was a nauseated feeling. In half an hour the pulse was full, strong and ten beats above the normal. In one prover an ache at the heart with pain in the left arm was felt after two beats, at the same time was a tired, confused feeling in the heart. This had followed a full feeling and mental activity at the same time a pressure in the occiput. This outlines the cardiac action of this drug which merits a good proving.

#### Its Clinical Range.

White says as to its use (ibid). "It is a bitter which may aid the appetite, and is a valuable remedy when the respiration is embarrassed by emphysemæ, chronic bronchitis, or chronic pneumonia. Even uremic asthma is benefitted by it. It is not of benefit in dyspnœa of cardiac origin. (This assertion of White seems to be controverted by clinical experience as will be seen. T.C.D.)

"The commercial *Aspidospermine*, which is an impure mixture of all the alkaloids, and therefore represents their combined action, may be given in dose of from  $\frac{1}{4}$  to  $\frac{1}{2}$  gr.; .015 to .03 grms."

"The fluid extract of *Aspidosperma* is made by maceration with glycerine and alcohol and percolation with glycerine, alcohol and water and evaporation."

The dose given by the regulars is 5 to 30 m. Ibid. The tincture and dilu-



tions would be the best form to use it.

#### **The Action of Aspidospermine.**

A trituration of this alkaloid was used by Dr. Hale who reports (*Homœopathic Recorder*) as follows: "This alkaloid is from the South American *Quebracho*. The maximum dose, according to Merck, is 1-10 grain. I use the 1-500th trituration which I find most efficient in dyspnoea—doses of two to five grains.

Case I. Dyspnoea, a boy of ten years of age. The attacks of spasmodic dyspnoea were a sequela of scarlet fever. The aggravation was at night, when lying down, for sleep was impossible. I tried *Ipecac* and *Arsenic*, but with no effect. *Aralia* also (I never had any curative or palliative effects from *Aralia*).

Prescribed *Aspidospermine* 1-500th trituration, two grains every two hours, all day. The night was comfortable, could lie down and sleep. Continued the remedy for four days, when he was so much better that the medicine was suspended.

Case II. *Cardiac dyspnoea* in a man of 60 years of age. Valvular disease, hypertrophy with dilation, distressing difficulty of breathing from the slightest exertion; had to sit upright day and night. Face livid from venous stasis. *Strophanthus* regulated and strengthened the heart's action, but only slightly benefitted the dyspnoea. Five grains of *Aspidospermine* 1 500th trituration every two hours effected a marvelous change. He could walk about the house and out to his carriage with but little discomfort. He has now continued it three weeks. Observed no unpleasant symptoms. Can lie on his back and right side and is very grateful for the relief. It seems to act as well as an aid to *Digitalis* or *Strophanthus* in cardiac dyspnoea.

#### **Aspidospermine in Asthma.**

Dr. Halbert reports the case of a me-

chanic who had been under treatment for a long time for a chronic emphysema, with acute asthmatic attacks. Opium, *Chloroform*, *Amyl nitrate*, etc., had been resorted to as palliatives, the relief being transitory. He used the second decimal attenuation of *Aspidospermine* every half hour, or oftener, during attacks, and continued its use for a long time after. It not only aborted the acute attack, but greatly relieved the emphysematous tendency. An irritating laryngitis and dyspnoea, which were of frequent occurrence, were also helped.—*Clinique*.

#### **Clinical Action of Quebracho.**

"In a case of *Mitral incompetence and stenosis*, *Quebracho* relieved the severe *nocturnal dyspnoea* most decidedly. (*News*).

"In a case of *fatty degeneration of the heart* it gave great relief, but had no influence on the *œdema* which *Digitalis* removed. (*ibid*).

"*Angina pectoris*, one of the most interesting cases in which I have used *Quebracho* was that of a man, 65 years weighing 250 pounds. He had *fatty degeneration of the heart*, *emphysema* of the lungs and *angina pectoris*. He had not left his chair for several weeks. The *dyspnoea* was so great that he could not move even a few steps without great discomfort; he had agonizing *angina* several times a day and often in the night, and heart failure seemed imminent any hour. Two grains of *Quebracho* given every three hours had a very happy effect, enabling him to walk about the house; but as the attacks of *angina* at night were just as bad, four drops of a 1-100 solution of *Glonoïn* (Nitro glycerine) were given at bed time which prevented their return." (*Ibid*).

#### **Etiology of Dyspnoea.**

It may be interesting in this connection to recall the causes of dyspnoea.

They are (1) limitation of the exchange of respiratory gases in the blood due to (a) diminution of the respiratory surface (as in some diseases of the lungs); (b) narrowing of the respiratory passages; (c) diminution of the red corpuscles; (d) disturbances of the respiratory mechanism (e. g. due to affections of the respiratory muscles or nerves, or painful affections of the chest wall); (e) impeded circulation through the lungs due to the various forms of heart disease (Valvular disease, fatty degeneration etc.); (f) enfeeblement of the circulation so that the medulla does not receive sufficient blood.

(2) Heat dyspnoea. The frequency of the respirations is increased in *febrile conditions*. The warm blood acts as a direct irritant to the respiratory centre in the medulla oblongata and raises the number of respirations to 30-60 per minute.

All conditions which diminish the oxygen and increase the carbonic dioxide in the blood circulating through the medulla and respiratory centre cause acceleration and deepening of the respirations, which may ultimately pass into vigorous and labored activity of all respiratory muscles, constituting *dyspnoea* when the difficulty of breathing is very great. (Landers & Sterling Physiology). A drug that can relieve the severer forms of dyspnoea may be indicated in quite a range of diseases. The special sphere we can only know after provings and clinical verifications.

This drug comes to us, as Hering used to say by a breech presentation i. e. clinical evidence. How we come to know of its value our patients will not care if we only can relieve them. We can learn much from cases cured when carefully reported.

A writer in the *Homœopathic News*, says of *Quebracho*:

"It is a remedy for asthma, but not for the

spasmodic variety, but rather for those cases where there is a change in the structure of the bronchial organs. Asthma, resulting from poor digestion and consequent irritation of the pulmonary branch of the pneumogastric nerve, is more spasmodic in character, and may be cured with such remedies as *Ptelea trifoliata*, *Speac*, or any one of the others.

Just in what manner *Quebracho* acts upon the system I am unable to state, yet I believe it in some way assists in the oxidation of the blood, as well as to stimulate the respiratory centers.

In organic diseases of the heart where there is distressing dyspnoea you will be able to get some little benefit from the remedy yet its action will not be as pronounced as in the pulmonary trouble.

I quote a case that was reported by a Dr. Bland in the *Therapeutic Gazette*. He says: "A lady, blonde about eighteen years of age; mother and sister had died of consumption. I do not think I ever saw such breathing; it was almost an asphyxia. I prescribed *Quebracho* in doses of twenty drops, to be repeated every two hours until relieved. It was rarely necessary to repeat it. In fact, the first dose gave very prompt relief, and she would continue to breathe well for twenty-four hours, when it would be repeated. You will not find the remedy to act as well as this in all cases, yet it will do good and render the patient more comfortable. The dose will be from five to thirty drops."

"It has a very peculiar action, *unlike any other remedy in the entire field of medicine*. Its value is in the treatment of certain conditions of the respiratory organs. In *cyanosis* due to a change in the structure of the parts, and where there is a sense of suffocation; in capillary bronchitis, and in some few cases of pneumonia, its action is valuable.

"In the latter stages of consumption, where there is a demand for more oxygen, its action is very pronounced. In those cases the patient is much distressed, and is obliged to sit up in bed, the nose and lips become blue, the wings of the nose expand at every respiratory effort. In such cases a dose of the remedy will, in many instances, put the patient in a very comfortable condition, and its effects will continue for six to twenty-four hours, when another dose may be administered.

"In cases of consumption we will not expect to cure the case with *Quebracho* (or possibly, not prolong the patient's life to any great extent) but we will render the patient more comfortable and thereby let him down easy."

There are many preparations on the market. The tincture of the bark, fluid.

extract and the several alkaloids. A reliable article of the tincture should be used for the dilutions of the alkaloids, the *Aspidospermine* is the one most frequently prescribed usually in the third trituration. It should in any event be used with caution. The antidote is evidently *Camphor*. It should be known that it is called "the Digitalis of the lungs" because of its action in dyspnoea. The students of Dunham Medical College are making a proving and after that perhaps, we will know better its "range of action."

#### **Why Phosphorus? Because also Similar in Pathology.**

In that case of Dr. Chapman that surprised the readers of the *Medical World* at the "uniformity" with which the bulk of the Homœopathic physicians who prescribed for it, selected Phosphorus the burden of the reason was because its symptoms was similar to those of the case.

There is another reason and that because it corresponded to the pathology and history of the case. Let us see.

The chill arrested the respiratory function. The circulation about the alveoles of the lungs was arrested and the returning pressure carried not only serum and white blood corpuscles but also red ones until the air cells, intercellular spaces and the lesser bronchi were crowded full of blood. Fortunately it coagulated, blocking up with a solid mass the congested lung. The upper part was washed out as rusty sputum. The fever was high, respiration rapid and day after day passed without any sign of this mass softening as it should. On the 7th day the record reads: "Respiration 50 per minute, temperature 105 degrees and pulse 130, weak and thready." Asphyxia threatened. The heart may fail.

What remedy have we that will soften

up that solid mass that occludes the lung, notwithstanding the effort to dislodge it, in this strong man? The relief must come through fatty degeneration of the corpuscles. Phosphorus will produce yellow atrophy of the liver. It can also produce fatty degeneration here. That is what resolution means. Of all the remedies we have at our command, Phosphorus can start the degeneration of the epithelial cells, and, softened at the sides, the mass moves and is cast off in frothy, grey exudation. It is an expert here, as it has proven, all down the century. That is the reason it is similar in pathology as well as in symptomatology. Can any good come out of Homœopathy? To all the world we say: come, see and try. Great is Similia, and Hahnemann was its prophet.

T. C. DUNCAN, M. D.

#### **A Remarkable Case of Palliation by the Potentized Remedy.**

April 3, 1901. Mrs. C. W. L., aged 79, rather florid complexion. Two years ago had a stroke of apoplexy which caused paralysis of right arm and leg, and muscles of the rectum. There has been some return of motion in the limbs, but she has never been able to have a stool without an enema since the attack.

Crying spells; cries easily.

Hot flushes.

Flatulence in the bowels.

Dryness of the mouth; not much thirst.

Craves fresh, cool air, but wants the body well covered.

*Alumina*<sup>50m</sup> (F.C.)

The remedy was followed in twenty hours by the passage of a normal stool something which had not happened for two years. The bowels continued to move about every other day for a week or ten days. Then the old condition returned. *Alumina*<sup>cm</sup> had an effect sim-

ilar to the first dose. Subsequently the remedy was given in the 200th potency, with a short, palliative action.

On July 31st, the following picture was obtained:

No feeling in rectum.

At times a large, almost diarrhœic movement, after a constipated one which must be aided by mechanical means.

Rectal inactivity.

Mucus forms in crusts on eyelashes.

Constant soreness of corners of mouth.

Wart-like pimples form here and there, dry up and drop off.

*Graphites*<sup>1m</sup> (B. & T.)

Aug. 12. The last remedy seems working well. Normal stool on 5th, 9th and 10th.

Aug. 24. Favorable action continues.

HARVEY FARRINGTON, M. D.

Chicago.

### NOTES ON PYROGEN.\*

[The following Notes were sent to me by request from my son-in law, William H. Leonard, M. D., of Minneapolis, Minn., and he also sends some from Dr. Kent and Dr. Sherbino.—W]

Dr. L. writes: "Have used it in commencing stages of typhoid; also, in intermittants; in a case of lung trouble with a malarial background, with prompt and remarkable results. Some cases of miscarriage it is excellent, and the after effects of childbearing."

From Kent, doctor gives: "Full of anxiety in morning; full of insane notions; morbid imaginations; restlessness; prostration; great sense of weakness; aching in the bones, and *relief from motion*."

"It has all the aching in the bones of *Eupatorium perf.*; the restlessness of *Rhus.*; the soreness in the flesh of *Arnica*; diarrhœa is similar to that of *Aloes*; the loquacity to that of *Lachesis*; the cough of *Bryonia*; the rattling in the chest of *Ant. tart.*; softness in the chest of *Arnica*; pain in region of left nipple; sensation as if heart was enlarged—distinct consciousness of a heart;" (Sherbino says: "tired feeling about the heart, would like to take it out and let it rest." "high fever, *slow* pulse, and in low temperature rapid pulse. ach-

ing as if in the bones; aching all over the body as in a severe cold; aching with soreness of the flesh; bed feels too hard; with *amelioration by motion*; similar to *Rhus.*; chilly at night; chill all night accompanying a fever."

Sherbino says: "Don't forget *Pyrogen* with rapid heart action, with normal or subnormal temperature and in heart failure."

Miss C. T., aged twenty years (whose mother had just died of phthisis), rather short in stature, inclining to be stout; color, yellowish-white, or rather a greenish, half-transparent dirty appearance; cough with mucopurulent, putrid expectoration; pulse 100 to 110, temperature 101 to 103; night sweats; amenorrhœa. Leucorrhœa also putrid and excoriating; breath, urine, perspiration and alvine discharges, even the exhalations from the body all had the same putrid odor.

Patient very weak, scarcely able to be out of bed, and did not look as if she was worth the effort to try and save her.

This was fifteen years ago, and today (Sept. 27, 1901) I met her on the street, a wife and mother, and in apparently good health.

All I did for this lady was to give her

\*From Notes on Remedies sent to the "Old Guard," by J. A. WAKEFIELD, M. D., Centralia, Ill.

one dose *Pyrogen*<sup>cm</sup> and *Placeboes* and watched her progress back to health.

Am positive she took no other medicine.

What do you make of it?

Lady thirty years old, married and mother of several children, came crippling to my office in great pain from an acute attack of inflammation of both knees, which, on examination, I found hot, red and considerably swollen, and as she sat I noticed she was *constantly moving* her feet, could not sit still a moment, as each move afforded relief from pain for the instant. but it immediately returned on ceasing to move the feet and limbs; differing from *Bryonia*, where all motion aggravates the pain; from *Rhus tox.*, which is worse from moving,

but relief comes from *continued gentle exercise*. *Pyrogen*<sup>cm</sup> one dose cured in twenty-four hours. *Relief* comes in the *very act* of moving.

This patient is Mrs. Helen Dunn, wife of C. N. Dunn, M. D., of our city. She and her husband both graduates of the Hahnemann, in Ludlam's time. I only gave her one dose of *Pyrogen*<sup>cm</sup> a contact potency," from a bottle obtained from Dr. Kent, in Philadelphia, some ten years since.

This case also goes to prove the value of this symptom "relief in the very act of moving." It don't come after moving "but in the act of moving," and an instant rest makes another movement necessary for relief.

Hope I am understood.

## SUCCESS WITH MALARIA.

JULIA C. LOOS, M. D, H. M., HARRISBURG, PA.

### Nux vomica.

Case 1.—Miss A. H., about 30 or 40 years.

April 14, 1900. Suddenly sick last night about 7 o'clock, with dull pain in abdomen > after diarrhœic stool; headache through top of head, felt all through night on waking; < stooping; little > this morning; eyes tired, aching. Hot—through the night and this morning; chilly on uncovering and occasionally today; hands and feet cold; tongue coated white except at edges; small fissures in it. Has felt tired for a long time, does not become rested; nervous trembling when tired. > keeping quiet.

*Bryonia*<sup>71m</sup>

April 16.

Chill afternoon of 14th. Diarrhœa every two hours from 5 a. m. to 2 p. m.

Abdomen—pain after eating, yesterday. Backache.

Skin yellow.

< heat—heated from exertion, perspires easily.

May 3.

Seemed all right in a few days, but sick again today.

Chill slight about 11 a. m.; hands cold. Heat < than cold, follows chill.

Sweating on least exertion, very little at night.

Headache on rising some mornings. Back—occasional sacral pain.

Pains here or there on waking at night.

Tired, dragged out, < evening; < some days > others.

< warm air, near stove. > quiet.

Face yellow, whites of eyes yellow. Used to have chills sixteen years ago—with fever and much aching all over.

May 5.

Chill today 11-12 a. m. Fever slight for one hour or so—begins in hands; aching and dragging afterward.

Head dull ache over eyes.

*Natrum mur*<sup>20m</sup>

May 18.

Chills slight 11 a. m. day or two after last medicine, yesterday at 11:30; always begins in hands; heat begins in hands also; before chill—tired; during—pains across lumbar region; dull headache across the top < moving.

Face was little clearer.

(Repertory).

Face yellow in intermittents Am. c.,

*Chin. s.*, Con., Ferr., Nat. c.,

Nat. m., *Nux v.*, Sep.

Chill 11 a. m., *Chin. s.*, Nat. c.,

Nat. m., *Nux.*, Sep.

Chill begins in hands, *Nux v.*, Sep.

Back—lumbar pain during chill *Nux.*

Headache during chill *Nux v.*,

*Chin.*, Nat. m., Sep.

Sweating on least exertion *Chin. s.*,

Nat. m., Sep.

*Nux vomica*<sup>45m</sup>

*Conclusion.* Probably *Nux vomica* will fit the chills and *Sepia* will be needed after to complete the constitutional improvement.

No chills since, says she is very well.

#### *Lycopodium.*

Case 2.—H. B., 14 years.

June 11, 1900. Reported, in a general run down condition in April, giving history of a six weeks sickness (tonsillitis). Among other things reported having had chills two years previous. Details gleaned at the time were as follows:

Certain chills, coming about noon.

Fever followed, sweat began before fever end and continued after.

Vomiting water as soon as drank, during fever.

Sleep during fever and sweat.

Weak on the intervening days.

This history was only a small part of an extensive image which plainly called for *Lycopodium*. This she received on April 27 and reported steady improvement thereafter.

Chill this morning 9 a. m.; fever about noon with red face.

Headache frontal, severe over eyes.

Abdomen pain in iliac region, after the chill.

< motion, desires to lie quiet.

Limbs pain; stiffness in feet more than in legs.

*Bryonia*<sup>10m</sup>

June 13.

Fever since 11th. Thirsty, water does not taste good, only wets the lips.

< toward evening.

Abdomen—occasional bearing down in groins.

Right tonsil swollen again; legs weak from knees down.

*Lycopodium*<sup>45m</sup>

Improved immediately, walked about next day No chills since.

#### *Arsenicum, Natrum mur., Sepia.*

Case 3. Miss S. B. C., 42 years.

May 18, 1899.

Gives history of chills in childhood, an attack in Nov., '97 and since. This spring began two weeks ago.

Chills on alternate day, begin with creepiness continued to shaking cold hands, thin finger nails.

Time varies, two weeks ago at 11 a. m. and 3 p. m. sometimes at 3 p. m., or 7 p. m.

Fever and chill lasts for hours, continues into sleep at night.

Sweat and thirst absent.

Miserable all over—dreadfully weak after.

Headache during fever—tingling about ears.

Treatment has consisted of quinine and headache powders.

Outside of the spells, gives an indefinite history. Has constipation and leucorrhœa. Had pneumonia at 15 years. Is better at seashore; has gone there for > to chills.

*Arsenicum*<sup>90m</sup>

May 26.

Record shows little to give encouragement.

Chills, 19th, 2:30 p.m. Fever until after 5 p.m. Cold all day.

" 21st, 12:30 p.m. Fever until midnight.

" 22d, 6:30 p.m. Fever until midnight.

" 27th, 6:30 p.m. Fever until midnight.

" 25th, 4 p.m. Fever until 10 p.m. Had *Natrum mur*<sup>20m</sup> on 21st.

Thirst with chill, not with fever on 19th; with fever since then for frequent small drinks.

Sweat during and after fever on 21st; from wrapping up before the chill on 24th and 25th; palms moist after chill.

Headache severe until 25th, but little > then.

Backache—sacral during all chills since last report—little > yesterday.

Nausea on 21st; aching in limbs.

Face yellow—skin looks thick.

Weak during intervals, so tired must sit down at top of the stairs after going up. Has kept about at occupations, going into the country and so on except during severity of the attacks.

*Sepia*<sup>50m</sup>

June 4th.

Chills on 26th, 6 p.m. begin across shoulders and arms.

Chills on 28th 5 p.m. less severe. Fever till late at night.

Chills on 27th, 6 p.m., fever less intense.

Chills, none past two days.

Vomiting after chills since 26th.

Nausea at sight and smell of food.

Thirst during fever.

Sweat slight.

Bowels—diarrhoea, with vomiting up to 28th; watery, dark stools, flatus, two days between evacuations since.

Restless all night, tossing during fever, seeking a cool place, sleeps > now, more refreshed.

Weak until past day or so—now feels a little more ambitious; lost seven pounds in past three weeks—110 pounds now.

Pains have gone.

Eating, things don't taste good; aversion to meat; desires cold food.

The subsequent history of this case is steady improvement. For a few months there were yellow face and diarrhoea of short duration. Constipation, headaches, especially about menstrual periods and leucorrhœa were chief complaints. These improved also.

Chills did not occur again save in May, 1901, when one was felt at the onset of a tonsillitis attack.

The patient had always been thin, slightly peaked, in appearance, but after the chills ceased she began to fill out in the face and grew so plump, rounded and hearty looking that her friends all remarked about it. She reported a gain of thirty pounds in the course of a year and has shown no loss of weight since. Her friends wonder if homeopathy would make them stout.

Case 4.—Mrs. R. P.; 56 years; small, slight figure; has been worrying over and waiting on a daughter with nerv-

ous disorder. Has been seen several times since December, 1900, in rather unsatisfactory interviews. Her statements have been indefinite, requiring adroit questions and most careful attention to answers to read between and to gain any positive, definite statement. A prescription of *Kali carb*<sup>lm</sup> was ventured in March. Chills were reported first in April, creeping up and down spine 1 to 2 a. m.; sweat following chill, and great exhaustion after. Fever late afternoon, evening and night. Face greenish color, dark under the eyes; restless, tossing at night. At this time she was given *Ar-senicum*<sup>sm</sup>. During the past week the following was gleaned:

July 8.

Chills absent several nights; past week have returned in back;  
 > wrapping up warmly.  
 postponing in evening.  
 during; mouth dry, aching in muscles.

Fever < in hands; sweat; no thirst.

Sometimes perspiration, with fever, that used to come in evening; aching limbs and across back, with hot hands every-other evening last week.

Abdomen—heat, burning; soreness about hypochondria or lower chest; < breathing, < standing < lying on back.

Nausea toward evening, with ineffectual urging to stool.

Bowels—one day passed stool of bile; felt > after.

Sleep dead, heavy during heat; Sweat during sleep; < about trunk.

Restless, tossing, must change position frequently.

Urination frequent at night; urine burning, reddish, no sediment.

Head falls to one side when looking at things.

Ears roaring, difficult to hear, < on waking in morning.

Limbs pain down sciatic nerve; < left side.

Appetite poor; taste bitter or sour; prefers hot food; "bilious" from use of milk. < Acids.

< dampness.

< draft.

With the repertory, picking out—chill fever, sweat; thirstless during heat; < wet weather; chill evening; back cold; < uncovering; sleep during heat; perspiration during sleep; taste sour; taste bitter. *China* was selected and prescribed.

*China*<sup>sm</sup>

By the 18th chills, etc., had lessened in an irregular sort of way. There were reported sensitiveness to dampness and soreness in right side of abdomen. At this time *Kali carb*<sup>lm</sup> was given, but was an evidence of not very good judgment.

July 23.

Left eye inflamed for week past; has been much reddened; lachrymation, scalding.

aching in eye, around and above to top of head, extends to nose, "as if a stick were in the eye," one night troublesome; boring pain above the brow—crawling.

Fever on 21st, 11 a. m., 9 p. m.

22d, 6 p. m. below waist.

Thirst absent.

Desire to cover.

Sleep and sweat during fever.

Pains; aching in limbs from hips to ankles during fever.

Restless, tossing.

Mouth bitter taste; tongue rough, cracked; dry mouth.

Cough, on lying down, continues till expectorates; little phlegm. expectoration dirty yellow or



bloody; brownish, "fever throat;"  
 Feeling of fullness in upper chest;  
 < lying down.  
 Hyperchondria. > since eyes <.  
 Eruptions without >; pains; >  
 passing flatus per rectum.  
 Stomach—nausea, drawing.

The case was reviewed to pick out the characteristics. Fever evening; chill absent; thirstless during heat; < drafts; < lying; tossing in bed; < wet weather; < milk; < acids; < cold; mouth dry; expectoration bloody; tongue rough, cracked; fever, with aversion to uncovering; brings out. Rhus 14-36, Calc. 13-27, Puls. 12-23, Lyc. 12-25.

Reviewing all that had been learned of the patient during six months, in the light of this anamnesis, the conclusion was reached that the woman's constitutional remedy is Calc. carb. instead of Kali c., and that its cognate Rhus will nicely clear off the chill section and leave the scene in good order for Calc. carb. to go on with the deeper curative action.

*Rhus*<sup>om</sup>

Aug. 13.

"Malaria symptoms" reported absent since July 27th; stomach and bowels slowly improving.

Troublesome neuralgia in head for several days.

*Calc. carb.*<sup>om</sup>

By Aug. 20th the report stated that she was "beginning to pick up real well, face filling out." On the 24th, when "hot hands, slight chills, weakness," was the report, *Rhus tox.* was repeated, and again on Sept. 30th and Nov. 25th, when damp weather brought on chill paroxysms. With the steady improvement in the stomach trouble and the appearance of the patient under *Calc. carb.* it is fair to presume that when she might be expected to repeat her chills she will be so far advanced that there will be no response to "chill" in-

fluences; *i. e.*, that the damp weather will not arouse such disturbances.

Oct 24.

Case 5.—Mrs. D. D. C., tall, slim, dark complexion, blue eyes, 26 years.

Chills tertian, about 1 to 1:30 p. m., beginning across shoulders.

Fever every afternoon about 2 to 5 p. m. At first came at irregular intervals; desires to uncover; soreness during.

Sweat after fever.

Thirst, all the time during chill, fever and sweat, for cold water.

Aching through body; past two months; < in bones.

Headache during and after fever; vertex and over eyes; sore, bruised feeling; < lying down.

Hands and feet moist; hands hot; perspires freely.

< afternoon until about 9 p. m.

Gives history of having had typhoid fever at 14 years of age, and tonsillitis every spring for three years, beginning on left side. During pregnancy lost weight about twenty-five pounds from vomiting which lasted four months; vomiting excited by special odors, by persons in the room whom she disliked. At this time she took a violent dislike to her husband.

< damp weather.

< hot weather.

< motion; works rapidly.

< cold food.

Thirst before, during and after chill. This fits very well with the mental state and the whole history.

*Sepia*<sup>om</sup>

Nov. 20.

Reports slight chilliness on 25th.

Has been very well until two nights ago, when dull headache began which has continued since.

Smothering spell came suddenly 9

p. m. last evening with profuse perspiration. There was general heat and necessity to loosen clothes. Clothes soaked with perspiration; stained like iron rust in axillæ. Repeated at midnight; pillow and night clothes soaked.

*Sepia*<sup>50m</sup>

Disposition has been > until two days ago. Aversions >.

Casual reports since give evidence of great satisfaction with result of treatment; chills have not returned.

These are not what would be called model cases of chills, flashing out an image of a remedy familiar to every homœopathic neophyte. To some extent they represent the sort of cases that must be studied for a prescription. Notwithstanding that such cases are met, the homœopathic physician tackles a case of chills with pretty firm assurance that there is a remedy for it. There is some good to be reached, all that is needed is to go in the right direction and put forth sufficient effort and it can be reached. That assurance is always before him and gives courage for even those cases that are obscure at first. A failure to cure with the first prescription makes him extremely cautious about repeating blunders.

In Case 1, the first prescription was made before the image had fully developed. It only palliated; then when its effect had worn off the type of paroxysm was clearly expressed. It shows the need to avoid any show of routine reasoning. Chill at 11 a. m. is frequently a part of *Natrum mur.* cases, but it must not be considered the only 11 a. m. remedy. Then, when all the elements of the image are included, it is clear by reference to the (proving) repertory, that *Natrum mur.* does not cover the case so well as *Nux vomica*. *Sepia*, even, is closer in correspondence.

The result of the prescriptions is a reprimand for one-sided prescribing and reward for including the full symptom image.

Case 2, shows the liberation of a suppressed disorder which appeared in the course of backward trend of disease. The acute remedy did not set in order, even the recent expression, although a cognate of the chronic remedy; neither did the patient from the previously received stimulus, wipe it out. It was time for a repetition of the chronic remedy, as other "returning symptoms" showed, which when administered enabled the vitality of the patient to free the economy of these encumbrances most promptly.

In Case 3, again is recorded a prescription before the nature of the case was fully recognized. The first prescription must be admitted hasty and ill considered. As a matter of fact there was no repertory at hand and it was felt to be hasty, though not therefore excused. Then finally the irregular periodicity was observed, together with the yellow color, the form of the patient, the copious and protracted leucorrhœa. *Sepia* seemed justified and was administered. Even then, the effect did not appear immediately brilliant, but as the days passed and the paroxysms grew lighter, the patient at the same time growing stronger, that the remedy had taken hold in the proper way was evident. Nothing could be more delightful than the further work accomplished under its influence. *So long as any change for the better continues, after the prescription, no interference is justified.* The results prove the wisdom of the rule.

Case 4 represents a difficult class of patients. Even when positive statements were made, they were frequently contradicted in part. In such cases one dares scarcely trust any, but oft repeated

statements. With such the physician is apt to blame the patient for his own mistakes. All symptoms that are gleaned that can be relied on must be noted and in time when the case really demands the prompt administration of a remedy, it will be found there are enough to point to what is needed if indications are rightly observed and pieced together.

Case 5, was first seen in the midst of

a paroxysm and results were most satisfactory. The patient has no doubt that "chills" can be really cured, mildly and permanently.

These illustrate but a few of the numerous types of malarial chill. Every one of them was cured without one grain of quinine, this is an evidence that it is possible to stop malaria paroxysms without the quinine burden so often imposed under the plea of necessity.

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## Medicine.

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### TONSILLITIS.

G. E. DIENST, PH. D., M. D., NAPERVILLE, ILL.  
 PROF. OF GENERAL MEDICINE, DUNHAM MEDICAL COLLEGE.

Cynanche tonsillaris, tonsillitis, amygdalitis, quinsy, common inflammatory sore throat, are terms used to define a disease of the tonsils and surrounding tissues so common in northern climates and among certain classes of people.

#### Pathology.

This disease, so common and troublesome, occurs with very unequal severity in different cases. "The differences depend upon the extent of the disease, and upon the number and variety of parts which it involves; for it is seldom limited entirely to the tonsils, but spreads to the uvula, the velum palati, the salivary glands, the pharynx, and even to the root of the tongue and the neighboring areolar tissue." I have seen it so severe that tongue, tonsils, uvula and posterior, or part of the throat were tumefied beyond the power of deglutition or in any way distinct articulation. When the inflammation is superficial it does not produce any very great distress, even though it may be diffused. When it penetrates through and beyond the mucous membrane it is apt to end in suppuration and to harass the patient very much: the tonsils swell to an enormous

size, and at length deep abscesses form in them. The disease is worst of all when the back part of the tongue and the muscular and areolar tissues thereabouts become implicated. It may possibly reach even to the larynx, and then it is always extremely perilous.

#### Symptoms.

In the more ordinary forms this disease generally manifests itself, at first, by a slight degree of uneasiness and difficulty in swallowing, with a constant dryness and a sense of constriction in the fauces, and a feeling as if some foreign substance were sticking there. In old chronic indurations of the tonsils food often lodges beneath and just back of the tonsils, causing a sense of great uneasiness there. Upon inspecting the throat you will find more or less redness and swelling on one or both sides of the tonsils. It is rare that both are affected at the same time and to the same degree. Usually only one is attacked and in thirty-six to forty-eight hours the other side also. The uvula is commonly enlarged and elongated and of a scarlet color. Sometimes it drags upon the back part of the tongue, or dangles into

the pharynx, causing the disagreeable sensation of a foreign body continually present, and provoking by its mere contact painful, constant and fatiguing efforts at deglutition. More frequently the uvula may be seen to be adherent to that tonsil which is most swollen. The dryness of the fauces soon gives place to a copious secretion of transparent mucons, which is frothy and viscid and sticks to the surface of the inflamed parts, tormenting the patient by continued and painful efforts to hawk up, or dislodge or swallow the mucons. In an early stage of the disease there are often opaque whitish spots upon the red tonsil. There are exudations from its surface, or the discharged contents of the mucous crypts there situated. It is important to know this, lest one should mistake these specks for ulcerating or sloughing points, such as occur in other forms of sore throat, and be misled in his diagnosis or prescription. When the inflammation is violent the submaxillary and parotid glands almost invariably swell and become very tender on pressure, and though ptyalism is nearly always present it is not necessarily so. In short, the inflammation spreads from the tonsils to the salivary glands and secondary parotitis occurs; sometimes with and sometimes without an augmentation of their natural secretion. When the salivary glands are considerably involved the patient, either unwilling or unable to swallow the abundant saliva, allows it to dribble from his mouth.

Although the act of swallowing is very difficult and painful at times you will perceive on looking into the fauces no appearance which can account for these symptoms. The inflammation is lower down in the throat; indeed, the seat of difficulty is out of sight. To this form of tonsillitis, which is a distinct species, Dr. Cutler has given the name of *cynanche pharyngea*.

Now, the *pain* in tonsillitis is felt almost solely in the act of deglutition, which is due to the enlarged tonsil itself and from a tumefaction in the throat narrowing its channel. If both tonsils are affected at the same time, and are much swollen, they push the anterior pillars of the velum palati forward and project in the shape of two great balls of inflamed flesh into the arch of the fauces, so as to leave a very small space between them, and they sometimes even meet and touch each other, which I have repeatedly seen in persons subject to this form of sore throat, and often suffer ulceration from their mutual pressure. When attempts are made to swallow liquids they are apt to return through the nose; the backward passage can no longer be shut in consequence of the tumid and fixed condition of the velum palati. The patients become unable to swallow even soft foods. Indeed, the pain of swallowing is so great that they refrain from trying to swallow. In severe cases the pain shoots from the throat to the ear along the course of the eustachian tube, and some say this is of great importance, for it indicates that suppuration has begun. Tinnitus aurum often occurs, and so does partial deafness, from the obstruction produced to the passage of air through the eustachian tube: either by closure of the extremity in consequence of the swollen state of the parts about it or by some thickening of its lining membrane from an extension of the inflammation along its channel. This symptom is particularly noticeable in persons suffering from nasal catarrh.

Though the inflammation may be very intense, so as to cause the root of the tongue to enlarge to such an extent as to preclude the patient from extending it, or even opening his mouth sufficient to see the fauces, there is rarely any very great dyspnoea. This inflammation, if

not speedily arrested, often terminates in resolution, or leads to the formation of pus. In such conditions pain at all times is very severe and so remains until the tonsils "burst," when great relief at once follows. The pus expectorated is often considerable in quantity, of a yellowish-green color, and accompanied by a very foetid odor. When not immediately expectorated it flows back into the stomach and often causes painful nausea.

In simple tonsillitis, deglutition is always difficult, respiration is seldom, if ever, impeded. When the disease, however, descends and involves the trachea, producing that form known in common nomenclature as *cynanche trachealis*, the reverse symptoms occur and we have great dyspnoea and little or no dysphagia. When the larynx is involved and we have *cynanche laryngea* we observe both difficulty in swallowing and in respiration. That which we meet most frequently in this clime is the simple tonsillitis in persons predisposed to the disease.

#### Predisposition.

Young and plethoric individuals are more frequently predisposed to tonsillitis than the spare and feeble, or middle aged, and yet not all young and plethoric individuals are predisposed to this disease, nor are all spare, feeble or middle aged people immune. In persons predisposed to tonsillitis you will notice that the disease comes on with the approach of winter, or during the changeable days in the early spring tide. During the cold, dry part of winter and the heated part of summer they are comparatively free from any serious aggravation of the trouble.

You will also observe that persons whose tonsils are enlarged, or enlarged and indurated, are more frequently victims of this disease than others. Indeed, where there is a *strong* predisposition to tonsillitis the tonsils are almost

invariably enlarged and indurated and in a state of subacute inflammation. Repeated attacks intensify this predisposition.

#### Exciting Causes.

The only exciting cause of any great consequence is *exposure to cold*. Getting damp; getting the feet damp or cold from thin soled shoes; sitting in draughts of air in a heated room; going into cold air with hair wet or head uncovered; bathing in a cold room; indigestion, or eating such food as cause indigestion or gastralgia; severe forms of sudden constipation, eating ice cream in cold, damp weather; excessive use of tobacco or liquor; excessive sexual indulgences are among the exciting causes; or, indeed, anything that disturbs the normal functions of the body or depletes the nervous system acts as an exciting cause in persons predisposed to this disease.

The disease is not contagious though children in the same family, born from the same parents and live under the same circumstances may take the disease; but you will observe that in such cases they *all* take the disease about at one and the same time, thus forbidding the conclusion of a contagion. That condition, say of the atmosphere, that gave the disease to one will give it also to others of the same family.

#### Treatment.

The popular style of treatment is to anoint the tonsils with some form of caustic or iodine, for which some have claimed remarkable results; but the unfortunate feature of these results is that the disease would return regularly when the conditions were favorable. Amputation is a favorite method of "extermination" with practitioners in all schools of medicine, but in the majority of cases a form of tonsillitis *will* return at regular intervals when the conditions are favorable, even though there are no tonsils there, and sometimes this form is more

distressing than the original form.

When an attack is on there is *nothing*, ABSOLUTELY NOTHING, so effective and so speedy as the indicated remedy in the proper potency given at proper intervals.

Of remedies there are many indicated when the disease has made its appearance. *Aconite*, *Belladonna*, *Ammonia mur.*, *Apis mel.*, *Baryta carb.*, *Hepar sulph.*, *Lachesis*, *Mercurius*, *Merc. iod. rub.*, *Nux vom.*, *Silicia*, *Sulphur*, and others. Each one of these remedies has its own peculiar individual characteristics, and its own especial sphere of action, and when indicated by the totality of symptoms and given in the proper potency, and without any interference from other remedies, does its work well and does it quickly and effectually, and when given in time will seldom permit the tonsils to ulcerate. It is very embarrassing, if not a poignant chagrin to any physician who, seeing a case of tonsillitis in its incipency and treating it with remedial agencies, to have to resort to the lance or see the tonsils suppurate. But it is not a very great task to relieve tonsillar difficulties except in feeble individuals, and where the disease assumes the laryngeal type. Our duty as physicians is not only to *cure*, when these attacks come, but to modify or remove the predisposing cause and caution the patient against exciting causes. But this will curtail our practice? Do you think so? Are we in the world for every drop of blood, as it were, that we can extract from our fellow mortals? It is our *duty*—a plain duty—to remove, wherever possible, all predisposing causes. Can this be done?

Indeed. Take a case of enlarged and indurated tonsils—study that case,—suit the remedy to that case—give the remedy indicated by the totality of symptoms, give it sufficiently high to do effective work, and repeat after proper and complete reaction, and you will be surprised at the results.

#### Case.

Mr. B., aged 28 years, plethoric, and had the appearance of a healthy man. For some years he had repeated attacks of tonsillitis. His tonsils would always ulcerate and “break,”—so he said—despite the fact of homeopathic (?) treatment. Two years ago I was called to attend him in a severe case of tonsillitis—on the second day of the disease. Found his tonsils, both of them, highly inflamed—greatly swollen, so that they touched each other—excessive salivation;—great pain extending into the eustachean tubes. They were about to suppurate. *Hepar sulph.*<sup>200</sup> gave quick relief, obviated the suppuration and restored more speedily than on previous occasions. I mentioned the matter of ridding his system of a tendency to this disease and he expressed surprise at the thought of such a thing. I took his case carefully, after getting his consent, found the tonsils extremely large, indurated, voice muffled and more or less pain. I found a typical picture of *alumina*, which I gave in the 30x. six globules No. 30 once a week the remainder of the winter. He has had no return of the disease since then. The tonsils first ruptured, then were reduced in size to almost normal, and though exposed to all sorts of weather he goes about his business—that of an oil peddler—a healthy man.

## CEREBRAL SCLEROSIS.\*

EDWIN R. MCINTYER, B. S., M. D., PROFESSOR OF NEUROLOGY.

Last week the subject of the lecture was Cerebral Softening. Today I propose to discuss briefly a condition that is diametrically opposite in its pathology.

**Cerebral Sclerosis.**

*Definition:* A morbid increase of connective tissue in the brain, with resultant increase in its density.

*Varieties:* Diffuse or general; multiple (of brain and spinal cord) and miliary.

*Etiology:* This disease is rarely, if ever, hereditary, although the diffuse variety may occur in children. It is common in early adult life, between thirty and forty-five years.

Since it is a result of chronic congestion, any condition that will cause this may act as an exciting cause of Sclerosis: such as eruptive fevers, traumatism, alcoholism, syphilis, etc.

*Morbid Anatomy:* The chronic congestion leads to exudation and subsequent proliferation of connective tissue-cells in the neuroglia. It is very nearly allied to an inflammatory process. The surface of the sclerosed patch, when cut, shows a moistened appearance. The diffuse variety has been known as induration of the brain. Therefore, when you see this term used in the books remember this fact.

If the motor area be involved it results in descending sclerosis. In multiple sclerosis there are numerous grayish nodules in various parts of the brain and spinal cord which vary in size from that of a pea to an inch or more in diameter. They are firmer in consistency than the nominal brain tissue. The axis cylinders of nerve-fibres may be found passing through them. These nodules are usually found only in the white matter of the brain and cord,

hence are in the interior of the former and external parts of the latter.

*Symptoms:* The symptoms are modified by the variety of sclerosis and the area of brain tissue involved in the lesion. Diffuse sclerosis is common in infancy, and produces imperfect development of both body and mind. Paresis, convulsions and post-paralytic contractures are usually present, and more prominent on one side than the other. The leg or arm, or both, fail to develop, or may fall behind the other side in growth.

Dullness of mental activity, late acquirement of speech, or its entire absence. Later the limbs begin to show paresis, which is followed by spasmodic contracture, absence of sense of decency and attention to the requirements of nature. Impairment of sensibility in the limbs accompanies the paresis, and the patient is but little if any removed from a state of total dementia or idiocy.

The multiple variety seldom occurs before the thirtieth year of life. The onset is frequently marked by some sensory symptoms, such as numbness, hyperæsthesia, dysæsthesia, etc., in some one or more of the extremities for some time. Then the *characteristic tremor* appears. This develops gradually, as a rule, and is worse when the patient attempts to control it (intention tremor). This gradually involves other parts, until dressing is rendered difficult or impossible and the power of continued muscular contraction is lost. The gait is tottering, with a tendency to trot; with the body bent forward and the shaky hands held in front as if ready to save himself from a fall. He is unable to turn suddenly, and if he wishes to turn a corner he grasps a post or other object

\*A lecture delivered before the Senior Class in the Dunham Medical College of Chicago on Dec. 18, 1901.

to assist him to stop, when he turns to trot on as before. The tremor ceases while asleep, as a rule. The symptoms are identical with those of paralysis agitans, whether the pathology is or not.

I am of the opinion that the authors who have given the diseases under two different names have made a distinction without a difference. Because I am unable to see how the same symptoms can be produced by different pathological changes. Besides this, post mortem examination has revealed sclerosed patches in the brains of those dying from paralysis agitans.

*Diagnosis:* This disease may be mistaken for chorea. But chorea is a disease of the young, usually appearing at or near puberty—from eight to twenty years. It lacks the mental and physical symptoms of diffuse sclerosis, and its movements are irregular and not rhythmic as in multiple sclerosis.

In post paralytic contracture, tremor follows paralysis, while it precedes it in multiple sclerosis.

Hysteria is known by its lack of type, the regular irregularity of its symptoms and its homogeneous mixture of symptoms of widely different pathological conditions.

*Prognosis:* Always grave. The diffuse variety is always fatal; the multiple possibly a little less so. I have never learned of a case being cured or even checked in its progress.

*Treatment:* The object of treatment in this disease is to keep the patient as comfortable as possible and prolong his life as long as possible. In order to do this he must have absolute rest, the best possible hygienic surroundings and plenty of nutritious food. Build up the general nutrition by any and all means possible and give the indicated remedy.

The remedies most likely to be indicated are: Baryta carb., Caust., Crotal. h., Tarant., Hsp., Silicia, Gels., Ign., Arg. n., Alumina, Strych., Phos., Zinc, etc., the symptoms of which you will get from your professors of materia medica.

## Correspondence.

### ANNOUNCEMENT.

CLEVELAND, O., Nov. 1, 1901.

*To the Members of the American Institute of Homoeopathy:*

The American Institute of Homoeopathy, in session at Richfield Springs, N. Y., empowered the newly elected Executive Committee to select the place for the Institute's 58th meeting.

The committee has made choice of the city of Cleveland, O., for the meeting of the Institute, in the month of June, 1902. We feel assured that after the meeting has taken place the members will agree that the Committee's decision is the wisest one that could have been made. In 1899 the Institute made Cleveland its first choice for the next

succeeding meeting, thus recognizing its eminent fitness. The local profession now desires the meeting. Cleveland has the advantage of being easily accessible by many lines of road from all parts of the United States. This is looked upon as being of the greatest importance in insuring a large attendance. The place of meeting must be accessible. The month of June in Cleveland is one of the most delightful of the year, and weather conditions are likely to be of the pleasantest. The Hollenden House—which will be headquarters—is one of the best hotels in any city in the country. It has made many concessions in the interests of its expected



guests. The Hollenden has 500 rooms and will take splendid care of a large number. There are other first-class hotels near by. All can be suited and all can be accommodated.

There is a very large number of homœopathic physicians in the part of the country tributary to Cleveland, making it a most favorable point for the accession of new members. It is many years since the Institute has met in Ohio—an additional reason in favor of the choice that the Committee has made.

It is proper to state that the Executive Committee is well aware of the fact that there is a strong and wide spread sentiment in favor of a quiet "resort" for the Institute meetings. Each member of the Executive Committee shares in this feeling. With this in view an earnest effort was made to find a suitable place of the character. The only one that presented itself was Put in Bay Island, in Lake Erie. After a thorough

investigation the Committee felt compelled to abandon further thought of this place, for the main reason, among others, that it is very inaccessible. Boats do not always make proper connections with trains, often causing long delay. Should the lake chance to be rough the trip is very objectionable to many people. Therefore, because of its inaccessibility, the Committee became convinced that it was undesirable to make choice of the Lake Erie island resort.

In making the above announcement of its final choice the Executive Committee entertains the confident assurance that the meeting of the Institute to be held in Cleveland, June 17-21, 1902, will take its place among those which have been the most successful, the most profitable, and the most largely attended.

JAS. C. WOOL, M. D.,

*President elect.*

CH. GATCHELL, M. D.,

*Secretary elect.*

## Editorial.

### RETROSPECT AND PROSPECT.

With this issue of the *HAHNEMANNIAN* ADVOCATE the work for 1901 will have been completed, and the results will be measured by the faithfulness with which its suggestions shall be followed. Original investigation and careful research have brought out valuable contributions upon the nature and therapeutic indications of over seventy five different remedies, occupying nearly 400 pages of the magazine, only a limited amount of space being given to personals, miscellany, correspondence and editorials. Other magazines may give a greater amount of space, covering a wider range of subjects, but for real worth we seriously question whether there has been another medical journal that contains so much of practical instruction with

reference to the use of remedies for the cure of diseases.

Experience and a favorable combination of circumstances enable us to offer a richer and more comprehensive interpretation of the science of homœopathic therapeutics than at any time in the past history of this magazine. The Post Graduate School, in conjunction with Dunham Medical College, has become thoroughly assimilated with the work already established and, consequently, this magazine is in a fine position for giving to the world a more complete demonstration of the workings of homœopathic principles than has heretofore been possible at any time in the history of Homœopathy.

A body of men has been brought to-

gether for one common purpose, and in their union, strength and power have been developed. This work will be given to the profession, in a large measure, through the medium of the *HÄHNEMANNIAN ADVOCATE*. We can therefore offer to its future readers an analysis of some remedy by that master of materia medica, Dr. J. T. Kent, in each issue of the magazine.

Dr. Harvey Farrington, son of the author of *Clinical Materia Medica*, will select from his large and interesting clinic such cases as will most clearly illustrate the application of important principles in the taking of the case and a selection of the simillimum.

The study of comparative materia medica by Dr. H. W. Pierson will be continued throughout the year.

In addition to this, we are able to bring to the readers of the *ADVOCATE* the scholarly productions of Drs. F. E. Gladwin, Philadelphia; Julia C. Loos, Harrisburg, Pa.; S. Mary Ives, Middletown, Conn.; George M. Cooper, Philadelphia; and F. S. Keith, Newton Highlands, Mass., all graduates of the Post-Graduate School of Homœopathics while at Philadelphia and consequently capable of writing with such clearness and precision as will carry conviction to the careful reader.

The other departments of medicine will receive even greater attention in the future than in the past, and we have practical papers promised on heart remedies and general medicine by Dr. Thomas C. Duncan of Chicago, member of Cook Co. Hospital Staff; G. E. Dienst, Naperville, Ill.; W. W. Gleason, Provincetown, Mass.; A. G. Downer, Princeton, Ill.; F. S. Davis, Mass.; A. M. Duffield, Huntsville, Ala.; and T. H. Hudson, Kansas City, Mo.

In the department of diseases of women and children we hope to have special contributions from Drs. James

W. Hingston of Chicago; F. E. Gladwin of Philadelphia and S. Mary Ives of Middletown, Conn.

Practical hints on the relation of Homœopathy to the mechanical side of medicine—surgery—we are planning to secure contributions from Howard Crutcher and J. C. McPherson, members of the surgical staff of Cook County Hospital, both of Chicago; Charles E. Walton of Cincinnati; James Gilchrist, Iowa City, Iowa; Frederick W. Payne, Boston, Mass.

The important part performed by the brain and spinal cord upon disease is recognized by every student of medicine, and this becomes doubly important when so much dependence is placed upon the perverted manifestations of the mind.

In addition to the practical contributions of Dr. E. R. McIntyer of Chicago, we hope to interest a number of mental and nerve specialists, with the expectation of accumulating much practical knowledge along this line of study.

A new department on Nursing is included in the general plan for the coming year, and Dr. M. E. Douglass of Baltimore, Md., will have charge of the same. Those who are acquainted with the doctor's scholarly attainments will appreciate this feature of the work and doubtless will find much that is of value to the general practitioner.

We have but one purpose in the publication of this magazine, and that is to provide a medium through which the best possible expressions of homœopathy may be conveyed from those who know its value to those who would have a better knowledge of its workings.

Any suggestions that will better accomplish the work we have before us, will be gratefully received, carefully considered and cheerfully adopted if they give promise of real practical worth.

Wishing all a happy and prosperous New Year, we remain,

Fraternally yours,

THE EDITORS.

## HELPFUL POST GRADUATE STUDIES.

That the active physician finds medicine a lifelong study is accepted as an axiom by the general profession. The young graduate sometimes finds fault with his alma mater, because she did not complete his education. He laments his ignorance of special anatomy and physiology. He may meet diseases and terms he never heard of before and he must consult his books. He may lament his superficial knowledge of pathology and bacteriology. If still a student, he can learn. He feels his short comings in diagnosis and above all in the active battle with disease he finds the selection of the remedy according to Similia is made with fear and trembling. What is the remedy for the case in hand haunts him like a nightmare. Oh, if he only knew how to find it. Then he might be able to answer the anxious inquiry: "Can *you* cure this case?" He must study, study. We all recognise that our therapeutics is the key stone of the medical arch. But the other stones are also necessary, so a medical journal to be most helpful must not neglect these. These however may be done incidentally or suggestively, but the chief work of the physician is to cure. To do that he must have an extra knowledge of the use and abuse of remedies. To advocate

treatment according to the scientific method of Hahnemann is the task we have assumed. How well we have succeeded our readers can testify. To illustrate the most exact and successful method, we have welcomed to our pages articles from some of the best physicians in our ranks. We are cheered by the many letters telling how helpful the journal has been to its readers. Many of our readers are young physicians and not a few are inquirers after "the better way." We have endeavored to do missionary and post graduate work, some of our friends have not only cheerfully paid their own subscription but also asked us to send this journal to an inquiring allopath. There is not now that prejudice against Homoeopathy that there was and we would gladly send copies to old school men when their names are sent us. It would be a courteous thing for that erring friend to be notified of your interest in his learning "the better way."

With this valued class of readers, the ADVOCATE should be strong and helpful along all lines, but especially in therapeutics. Send us the best articles and illustrative cases for this great post graduate work during the next year.

HOMŒOPATHY EXCELSIOR.

D.

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## THERAPEUTIC SPECIALTIES.

This is an age of specialties. It is an age of combination and an age of differentiation—combinations of great corporate interests; differentiations and delimitation of individual activities. Yet the two, apparently antagonistic, have in reality the same objective—namely, the attainment of the highest efficiency and greatest productive power through the divisions of labor. This is at once a cause and effect of the high civilization

of today. But how does this effect us "Medics?"

We are in the stream and must sink or swim. To reach the haven of our ambitions, to be borne successfully, happily, bouyantly on the stream of time to the golden strand is the aim of one and all. But few of us are carried easily to that home of rest. Why? No one this side of Jordan can tell. Where one succeeds another fails. We must

ive and work in the present, planning for the future. What does the world demand of us? The answer comes in one word—"Success." But can we "deliver the goods?" Yes and no. As homeopaths we have for our guide one of the most priceless gifts of Providence and we should, theoretically, always command success. Some of us attain the desired and many do not. The human elements entering into this result are three: natural ability, environment, education. The first two may be passed with a word as their application is patent to all.

"Doctors are born and not made." That is one great reason why so many many medical graduates drop from the ranks of active practice. But enough on that line.

For the second, environment cuts no small figure in the result under consideration. The inexperienced optimist may say, "Yes, when you reach the point where you can control the minds and hearts of men, and women too, and the pocket books of both; when you can by your own will or force of character temper the heat of summer and the storms of winter; when, in other words, you become immortal then may you be beyond the influence of environment. Medical misfits are on every side. Many worthy, willing, hard working men of whom the world knows nothing, because they are out of their proper environment.

But though we are not responsible on the first point, and though we may not be on the second, on the third we are and should be held personally responsible.

Medical education is a theme of many aspects, at only one of which we can look at this time, and that is on the side of specialism in therapeutics. For there are therapeutic as well as ophthalmological, gynecological and official

specialists, and there should be more. Enduring success in any one of these demands combination and differentiation:—combination of as broad a knowledge of literature, science and medicine as it is possible to attain; differentiation to a thorough grasp of detail in theory and application of the specialty.

With these thoughts as a basis we can state a few apparent, if not actual, axioms, and thereon build. Therapeutically speaking, Homeopathy is a specialty, osteopathy is a specialty, allopathy and eclecticism in their strictest sense are specialties; so is hydrotherapy and the numerous other "pathies" which are separate and distinct from all others.

Homeopathy, then, as a specialty demands consideration at our hands, for what is it not to us and what has it not done for us?

The time has now arrived when our system is receiving some measure of that recognition of its merits which is so justly deserved, and yet there are still those who, like the old Irish woman, consider a homeopath "a kind of handy man." How shall we overcome this and other undeserved slurs? By education received and given. We cannot teach that which we do not know. We must *know* the homeopathic system and know how to practice it. And we must know more than that.

Would you expect an eye specialist to become a recognized expert when knowing nothing of any other portion of the body and nothing medical or surgical save the eye and its appurtenances? The homoeopath, or any other "path," in fact, must be well educated in the general principle of medicine and surgery and, if possible, in general literature and science. Then he is ready to become a homoeopathist.

There is no fairer objective for an aspiring and ambitious student than the results obtainable by a successful prac-

tice of homoeopathy. In choosing the college wherein to acquire knowledge of the principles expounded by Hahneman it is essential to select that one giving closest attention to the materia medica and pure Hahnemannian therapeutics. A college of this character, too, if it do justly by the students will teach all necessary fundamental medical principles. Such a combination is found in the "Dunham."

But if a student expects to attain all medical knowledge in a single four years' course he is sure to be disappointed. No college can teach all these things. Some attempt this, their graduates having a smattering of all with thoroughness in none. If a student wants homoeopathy let him go to the college which teaches it most thoroughly and practically. So of osteopathy, allopathy, eclecticism.

With thorough training in the fundamentals and in the specialty he is ready for the broader study of active practice, where, with the best books of all schools, if need be, at hand, he is prepared to successfully practice and defend his sys-

tem. It is advisedly that I say the best books of all schools. Any practitioner will find it helpful to be posted on other means than his own, more for the purpose of general knowledge and comparison than anything else. I have found from personal experience how great is the satisfaction when, after looking up old-school therapeutics with its empiricism, inaccuracy and inefficiency in any given case, to turn to the homoeopathic with its beauty, simplicity and accuracy, and on applying the same to obtain most satisfactory results.

Specialism, then, must have as a basis generality. The wider and deeper the foundation the more excellent and enduring the superstructure. It is better to do one thing well than to be a "jack at all trades." A friend of mine, opening the cause of failure of a certain business acquaintance, said that "he spread out too much." At the same time it is well to remember the old Latin proverb: "*Est modus in rebus*,"—"there is moderation in all things."

FRANCIS C. FORD.

#### THANKFUL PEOPLE.

A person who has been very sick or had a friend who was very ill and then recovered, looks upon the physician in a new light. He is to such an one more than human. How he watched for the coming of the doctor. How he hung upon his words. The anxious friends and neighbors would waylay the physician for words of cheer. How happy to inspire hope. How hard to point to the shadow of the coming storm. Is it any wonder that his heart fails to reveal the exact situation. If he should reveal his fears they are often misinterpreted and he loses his position and is thoughtlessly turned a drit and supplanted by another, perhaps less skillful but more politic man. The patient may object to the alarm, for the effects upon anxious but weak ones. Nature reveals the situation in terms that are unmis-

takable. How often is the physician charged, "Do not tell wife, but I know." He promises the dying man, but the wife can read the verdict in the sympathetic medical face. Friends may blame the physician, but she does not. The sad fact dawns upon her as she is able to bear it. For the physician to go about with sealed lips is his duty. Were all sick chambers like this he could not stand it but perhaps in the next house is a happy convalescent, but weak and foolish. To pilot this case up may need more skillful management than to ease the other down the way of all the earth.

It is said we live in a heartless age and that the medical profession is not appreciated as it should be, but ask any mother or old physician and you get a different story. Good physicians are held in high esteem by the best people.

## Book Reviews.

**The Study of Materia Medica**, by Chas. Mohr, M.D., of Philadelphia, Prof. Materia Medica, Hahnemann Medical College.

This is a pamphlet wherein he outlines what he considers a good plan to study drugs in college. The first year is given to Pharmacology; Medical Botany and Chemical tests as to purity of drugs; the second to toxicology. The third year he devotes to the Analytical study of drug phenomena meaning of symptoms and structural alterations produced on tissue followed by a study of objective, nervous, circulatory, respiratory, digestive, urinary and genital phenomena.

The fourth year the chief study is the "therapeutic uses of drugs" of all sorts.

Practically this gives only one year to materia medica proper. He emphasises the study of 33 drugs, their antidotal, compatible, incompatible and complementary relationship. He thinks these "drugs should be studied in natural order and groups. The closer the chemical and botanical relationship of drug substances, the more similar are likely to be their pathogenetic effects." So thought the physicists a hundred years ago, but Hahnemann in Hufelands journal in 1796, in an article entitled, "Essay on a new principle for ascertaining the curative power of drugs" demonstrated that this idea was wrong, (Vide Lesser Writings p. 249 et seq). Compare the metals. Why does Camphor and Coffee antidote so many vegetable drugs? Who would associate China, Coffee, Ipecac and Michella repens together in thinking either of their action on the healthy or use in a diseased body? Still a grouping of inert drugs or those with little clinical history with our real polychrests may stimulate respect and ensure for them more attention. *Elat-erium* may rank close to *Colonythis*, but we doubt if it ever measures up with

*Bryonia*, even if they do belong to the *curcurbitacæ*. When he comes to give the relationships to *Bryonia*, these two drugs seem to be forgotten. Drugs, like disease must be studied alone. They are only related by symptoms, their effects and that is really how this author groups them for study. His methods seems crude but they may serve as stepping stones to a better idea of the wide range of action of some of our royal remedies. The student will want to know when he should choose *Chamomilla*, *Ignatia*, *Nux vomica*, *Pulsatilla* or *Alumina* as the antidote (and for what particular effects of *Bryonia*. Also what symptoms (or effects if you prefer) of *Bryonia* are found complementary to those of *Alumina* or *Rhus tox.*? This skeleton may be all right, but it seems dry picking for students. D.

**Practice of Obstetrics**, by American authors and edited by Charles Jewett, M.D.

The old adage "Many cooks spoil the broth," does not hold in this case because each cook is at work on his favorite dish. Eighteen of the leading obstetricians of the country were selected by Dr. Jewett because of their *special* fitness for the subject. Most of them had long training as *accoucheur* prior to their appointment upon hospital and college staffs and were well qualified for the imparting of knowledge in a concise and at the same time attractive manner. The entire work shows the harmonizing of a careful editor and an able author and the combination gives to the profession an *authoritative* work sufficient for any emergency.

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No. 12.

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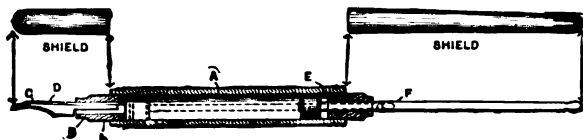
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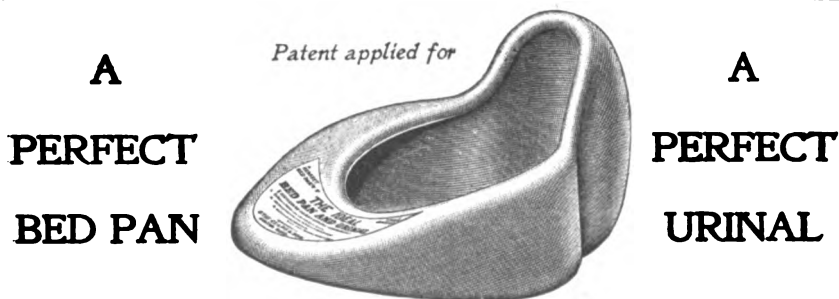
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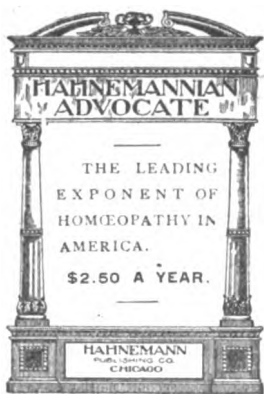
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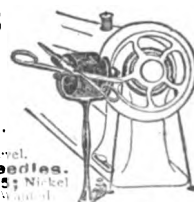
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